ICMJE DISCLOSURE FORM

Date:11 <u>-03-2023</u>	
Your Name: <u>Dingqian Gu</u>	_
Manuscript Title: <u>Whole Extra</u>	peritoneal Sacral Hysteropexy by Transvaginal Natural Orififice Transluminal
Endoscopic Surgery	
Manuscript number (if known)	GPM-23-11

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

ICMJE DISCLOSURE FORM

Date:	<u>11-03-2023</u>	
Your Na	ame:_Li He	
Manuso	ript Title: <u>Whole Extraperito</u>	neal Sacral Hysteropexy by Transvaginal Natural Orififice Transluminal
Endosc	<u>opic Surgery</u>	
Manuso	ript number (if known):	GPM-23-11

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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None

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<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

ICMJE DISCLOSURE FORM

Date:11-03 <u>-2023</u>	
Your Name:_Yonghong Lin	
Manuscript Title: Whole Extraperitoneal Sacral Hysterope	xy by Transvaginal Natural Orififice Transluminal
Endoscopic Surgery	
Manuscript number (if known):GPM-23-11	

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or		The vaginal sleeve used to secure a vaginal incision
Ũ	pending		retractor is patented.
	perioding		Inventor: Yonghong Lin
			Patentee: Chengdu Women and Children's Central
			Hospital.
9	Participation on a Data	None	
9	-	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

The vaginal sleeve used to secure a vaginal incision retractor is patented.Inventor: Yonghong Lin Patentee: Chengdu Women and Children's Central Hospital.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.