

ICMJE DISCLOSURE FORM

Date: 2023-03-12

Your Name: Huiqin Han

Manuscript Title: Analysis of risk factors for postoperative bleeding and recurrence after LM in patients with uterine fibroids

Manuscript number (if known): _____

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 current manuscript only.

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Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

The author has no conflicts of interest to declare.

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.

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Date: 2023-03-12

Your Name: Wenping Han

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Your Name: Chune Shang

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