

ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Ying Mou

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

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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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.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I undertake not to have any of the above mentioned conflicts of interest.

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

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: May 16, 2024

Your Name: Wei Zhao

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Weizhou Pan

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Xinnan Li

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Manyun Sun

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Yun Bo

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Yanhua Zhao

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Yaoshen Hu

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 16, 2024

Your Name: Jun Peng

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 15, 2024

Your Name: Cristian Deana

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: May 13, 2024

Your Name: Alexander Kaserer

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

Manuscript number (if known): _____

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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

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

Alexander Kaserer has received honoraria for lecturing from CSL Behring GmbH (Switzerland) and advisory honoraria from Astrazeneca (Switzerland) and Pharmacosmos (Switzerland).

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

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: May 13, 2024

Your Name: Koji Ishii

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

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.

The author's relationships/activities/interests should be defined broadly. 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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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: May 16, 2024

Your Name: Liu Yang

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I undertake not to have any of the above mentioned conflicts of interest.

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

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: May 16, 2024

Your Name: Hua Jin

Manuscript Title: A comparison of ondansetron in preventing postoperative nausea and vomiting for patients with or without preoperative anxiety with painless egg retrieval: a prospective, randomized, controlled trial

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.

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