Date:	2022/11/28	
Your Name:	Xiujia Ji	
Manuscript Title:	Identification of in	mmune- and autophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bi	oinformatics analysis	
Manuscript number	r (if known):	
In the interest of tra	ansparency, we ask y	ou to disclose all relationships/activities/interests listed below that are
related to the conte	ent of your manuscrip	ot. "Related" means any relation with for-profit or not-for-profit third
parties whose inter	ests may be affected	by the content of the manuscript. Disclosure represents a commitment
to transparency and	does not necessarily	y indicate a bias. If you are in doubt about whether to list a
relationship/activit	y/interest, it is prefer	rable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	XNone	
		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	<b>0</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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	None	
	None	

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

Date:	_2022/11/28	
Your Name:	Cancan Huang	
Manuscript Title:	Identification of immune- and autophagy-related genes and effective diagnostic biom	arkers in
endometriosis: a bi	nformatics analysis	
Manuscript number	if known):	
In the interest of tra	sparency, we ask you to disclose all relationships/activities/interests listed below that	are
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parties whose inter	its may be affected by the content of the manuscript. Disclosure represents a commitm	ent
to transparency and	does not necessarily indicate a bias. If you are in doubt about whether to list a	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	<b>0</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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	None	
	None	

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

Date:	2022/11/28	
Your Name:	Haiyan Mao	
Manuscript Title:	Identification of immune- and au	tophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bi	oinformatics analysis	
Manuscript number	(if known):	
In the interest of tra	ansparency, we ask you to disclose a	Il relationships/activities/interests listed below that are
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to transparency and	does not necessarily indicate a bias	. If you are in doubt about whether to list a
relationship/activit	y/interest, it is preferable that you d	o so.

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			plaining of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	<b>0</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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	None	
	None	

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

Date:	2022/11/28	
Your Name:		<u> </u>
•	: Identification of in bioinformatics analysis	mmune- and autophagy-related genes and effective diagnostic biomarkers in
Manuscript num	ber (if known):	
In the interest of	transparency, we ask y	ou to disclose all relationships/activities/interests listed below that are

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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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	<b>0</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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	None	
	None	

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

Date:	2022/11/28
Your Name:	Xiaohua Zhang
Manuscript Title:	Identification of immune- and autophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bio	pinformatics analysis
Manuscript number	(if known):
In the interest of tra	ansparency, we ask you to disclose all relationships/activities/interests listed below that are

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1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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	None	

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

Date:	2022/11/28	
Your Name:	Bin Yue	
Manuscript Title:	Identification of i	mmune- and autophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bi	oinformatics analysis	<b>;</b>
Manuscript number	r (if known):	
	•	ou to disclose all relationships/activities/interests listed below that are
	•	pt. "Related" means any relation with for-profit or not-for-profit third
•	•	by the content of the manuscript. Disclosure represents a commitment
to transparency and	d does not necessaril	y indicate a bias. If you are in doubt about whether to list a
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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	None	
	None	

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

Date:	2022/11/28	
Your Name:	Xinyue Li	
Manuscript Title:	Identification of i	mmune- and autophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bio	oinformatics analysis	S
Manuscript number	(if known):	
In the interest of tra	ansparency, we ask y	ou to disclose all relationships/activities/interests listed below that are
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	XNone	
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13	Other financial or non-	XNone	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	2022/11/28	
Your Name:	Quansheng Wu	
Manuscript Title:	Identification of immune	- and autophagy-related genes and effective diagnostic biomarkers in
endometriosis: a bi	oinformatics analysis	_
Manuscript numbe	r (if known):	
		isclose all relationships/activities/interests listed below that are ated" means any relation with for-profit or not-for-profit third
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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