Date: <u>Jul 23<sup>th</sup>, 202</u>	Date: Jul 23 <sup>th</sup> , 2022				
Your Name: <u>Li</u>	gun Liu				
Manuscript Title: _	Risk Assessment of Severe Postpartum Hemorrhage after Placental Implantation with				
<b>Pernicious Placent</b>	a Previa Based on Three-dimensional Reconstruction of Magnetic Resonance Imaging				
Manuscript number	or (if known): ATM_22_2940_CI				

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 manuscript only</u>.

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		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	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
_			
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Descript of a policy and	V Nana	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above of	onflict of interest in the fo	llowing box:
	Nana		
	None.		
L			

Date: Jul 23 <sup>th</sup> , 2022	
Your Name: Xiaoli \	/an
Manuscript Title:	Risk Assessment of Severe Postpartum Hemorrhage after Placental Implantation with
Pernicious Placenta Pre	via Based on Three-dimensional Reconstruction of Magnetic Resonance Imaging
Manuscript number (if	known): ATM-22-2940-CL

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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.	Time frame: Since the initial  _XNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above o	onflict of interest in the fo	lowing box:

Da	te: <u>Jul 23<sup>th</sup>, 2022</u>			
Yo	ur Name: <u>Jingjing Liu</u>			
M	anuscript Title: Risk A	ssessment of Severe Post	partum Hemorrhage after Placental Implantation with	
<u>Pe</u>	<u>rnicious Placenta Previa Bas</u>	ed on Three-dimensional	Reconstruction of Magnetic Resonance Imaging	
In rel pa to rel Th ma	anuscript number (if known) the interest of transparency ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hyperte edication, even if that medic item #1 below, report all su	h: ATM-22-2940- h, we ask you to disclose a manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in	-CL  Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitments. If you are in doubt about whether to list a lo so.  Inips/activities/interests as they relate to the current editionships with manufacturers of antihypertensive.	ains ive
the	e time frame for disclosure i	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 initi	al 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		
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone		
3	Royalties or licenses	_XNone		

Consulting fees

X\_\_None

4

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above co	onflict of interest in the fo	lowing box:

Date: Jul 23 <sup>th</sup> , 2022		
Your Name: Ping	Yan	
Manuscript Title:	Risk Assess	ment of Severe Postpartum Hemorrhage after Placental Implantation with
Pernicious Placenta P	revia Based o	n Three-dimensional Reconstruction of Magnetic Resonance Imaging
Manuscript number (i	f known):	ATM-22-2940-CL

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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

Date: Jul 23 <sup>th</sup> , 2022						
Your Name: Mir	ngshan Du					
Manuscript Title:	Manuscript Title: Risk Assessment of Severe Postpartum Hemorrhage after Placental Implantation with					
Pernicious Placenta Previa Based on Three-dimensional Reconstruction of Magnetic Resonance Imaging						
Manuscript number	(if known): ATM-22-2940-CL					

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above converse.	onflict of interest in the fo	llowing box:
_			

Date: <u>Jul 23<sup>th</sup>, 2022</u>		
Your Name:	Runyuan Wang	
Manuscript Title:	Risk Assessment of Severe Postpartum Hemorrhage after Placental Implantation with	
Pernicious Placenta Previa Based on Three-dimensional Reconstruction of Magnetic Resonance Imagnetic Reson		
Manuscript number	(if known): ATM-22-2940-CI	

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	
	ease summarize the above o	onflict of interest in the fo	lowing box:

Date: <u>Jul 23<sup>th</sup>, 2022</u>				
Your Name:		Yi Wu		
Manuscript Title: Risk Asse		ment of Severe Postpartum Hemorrhage after Placental Implantation with		
Pernicious Placenta P	revia Based on 1	hree-dimensional R	econstruction	n of Magnetic Resonance Imaging
Manuscript number (i	if known):	ATM-22-29	940-CL	

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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

Date: <u>Jul 23<sup>th</sup>, 2022</u>			
Your Name:		Dan Wang	
Manuscript Title:	Risk Assessment of Severe Postpartum Hemorrhage after Placental Implantation with		
Pernicious Placenta P	revia Based on Th	nree-dimensional Reconstr	uction of Magnetic Resonance Imaging
Manuscript number (i	if known):	ATM-22-2940-CL	

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
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Ple	ease summarize the above co	onflict of interest in the f	following box:
	None.		