Date: 06th July 2023 **Your Name:** Peter Petros

Manuscript Title: A practical ligament-based diagnostic system for cure of pelvic symptoms and prolapse

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 <u>current 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.

		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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		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	

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

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

There is no COI regarding the content of the manuscript.						

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. Signed Peter Petros 6th July 2023

Date: 05th July 2023

Your Name: Bernhard Liedl

Manuscript Title: A practical ligament-based diagnostic system for cure of pelvic symptoms and prolapse

Manuscript number (if known):

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone			
6	Payment for expert testimony	XNone			
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	X_None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone			
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None			
13	Other financial or non- financial interests	XNone			
Ple	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:

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

Date: 21 July 2023 **Your Name:** Paolo Palma

Manuscript Title: A practical ligament-based diagnostic system for cure of pelvic symptoms and prolapse

Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
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	xNone	
	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		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	No.	
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
12	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.			

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.

Date: 07/9/2023

Your Name: Cassio Riccetto

Manuscript Title: A practical ligament-based diagnostic system for cure of pelvic symptoms and prolapse

Manuscript number (if known):

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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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	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		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of any invest	V. None	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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:

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

Date: July 4, 2023 **Your Name:** Shuqing Ding

Manuscript Title: A practical ligament-based diagnostic system for cure of pelvic symptoms and prolapse.

Manuscript number (if known):

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			planning of the work		
1	All support for the present	_X_ None			
	manuscript (e.g., funding,				
	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	_XNone			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	_XNone			
4	Consulting fees	_XNone			

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

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