

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.

Identifying Information

1. Given Name (First Name)

Wen Xiu

2. Surname (Last Name)

Zhang

3. Date

20-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lei Yan

5. Manuscript Title

Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)

ATM-20-3623

Section 2.

The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Lian Bao	2. Surname (Last Name) Cao	3. Date 20-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lei Yan
5. Manuscript Title Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) ATM-20-3623		

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Section 1. Identifying Information

1. Given Name (First Name) Ying	2. Surname (Last Name) Zhao	3. Date 20-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lei Yan
5. Manuscript Title Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) ATM-20-3623		

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1. Given Name (First Name) Jing	2. Surname (Last Name) Li	3. Date 20-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lei Yan
5. Manuscript Title Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jia-nan	2. Surname (Last Name) Lv	3. Date 20-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lei Yan
5. Manuscript Title Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) ATM-20-3623		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Lei

2. Surname (Last Name)

Yan

3. Date

20-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Endometrial cavity fluid is associated with deleterious pregnancy outcomes in patients undergoing in vitro fertilization/ intracytoplasmic sperm injection: a retrospective cohort study

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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1. Given Name (First Name) Jin Long	2. Surname (Last Name) Ma	3. Date 20-August-2020
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