

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xiuxian	2. Surname (Last Name) Zhu	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yonglun Fu
5. Manuscript Title Progesterone protocol versus gonadotropin-releasing hormone antagonist protocol in polycystic ovarian syndrome women undergoing in vitro fertilization treatments with frozen-thawed embryo transfer: a prospective randomized controlled trial		
6. Manuscript Identifying Number (if you know it) ATM-20-1592		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Zhu has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Hongjuan	2. Surname (Last Name) Ye	3. Date 02-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yonglun Fu
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1. Given Name (First Name)

Yonglun

2. Surname (Last Name)

Fu

3. Date

02-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

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