Date:	Apr. 7 <sup>th</sup>	, 2021	
Your Na	ame:	Jun Li	
Manuso	ript Title:	The effects of Hel	icobacter pylori infection on pregnancy-related diseases and fetal development in
<u>diabete</u>	s in pregnai	ncy	
Manuso	cript numbe	r (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)
1	All support for the present	Time frame: Since the initialXNone	pranning of the work
	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		
3	in item #1 above).  Royalties or licenses	X None	
3	Noyaitles of ficerises	^_NOTIE	
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	XNone			
	meetings and/or travel				
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	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
13	financial interests				
	manda mieresis				
pام	Please summarize the above conflict of interest in the following box:				
	rease sammanze the above connector interest in the following box.				
	None.				

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

Date:	Apr. 7 <sup>th</sup> , 2021	
Your Name:	Mengdi Fan	
<b>Manuscript Titl</b>	: The effects of Helicobacter pylori infection on pregnancy-related diseases and fetal development	nt
in diabetes in p	egnancy_	
Manuscript nur	ıber (if known):	

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1	All support for the present manuscript (e.g., funding,	XNone	
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	processing charges, etc.)  No time limit for this item.		
	No time innicior tins item.		
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	any entity (if not indicated		
3	in item #1 above).  Royalties or licenses	X None	
3	Noyaides of licenses		
4	Consulting fees	XNone	

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	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		
	B		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	<u>X</u>	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing hox:
_			
	None.		

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

Date:	Apr. 7 <sup>th</sup> , 20	<u> 21                                    </u>	
Your Name:_		Fei Ma	
Manuscript 1	Title:Th	ne effects of	Helicobacter pylori infection on pregnancy-related diseases and fetal development
<u>in diabetes i</u>	n pregnanc	Y_	
Manuscript r	number (if	known):	

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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	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			
	g ,				
8	Patents planned, issued or	_XNone			
	pending				
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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	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
40	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

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

Date:Apr. 7 <sup>th</sup> ,	2021
Your Name:	Suhe Zhang
Manuscript Title:	_ The effects of Helicobacter pylori infection on pregnancy-related diseases and fetal development
in diabetes in pregn	ancy _
Manuscript number	(if known):

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		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.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	50 months
_	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 Payment for expert	X None	
6	testimony	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
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		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descipt of anytings out	V. Nana	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
בום	aco cummariza tha abaya a	anflict of interest in the fe	llowing hove
PIE	ease summarize the above o	oninct of interest in the 10	nowing box:
	None.		

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

Date:Apr.	7 <sup>th</sup> , 2021
Your Name:Qir	ngju Li
Manuscript Title:1	The effects of Helicobacter pylori infection on pregnancy-related diseases and fetal development
in diabetes in pregnan	ncy
Manuscript number (i	f known):

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. None	
10	Leadership or fiduciary role 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-	X None	
13	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
Г			
	None.		

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