

ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Tao Guo

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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.

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		Capital Health Research and Development of Special Project	No. 2011-2003-03
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Miaomiao Li

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Cui-Qin Sang

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Zhen-Yu Zhang

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Ruijun Guo

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Ruigang Lu

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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Date: 18/11/2021

Your Name: Peng Qu

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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Date: 18/11/2021

Your Name: Wen Cao

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Date: 18/11/2021

Your Name: Wei Zhao

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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Date: 18/11/2021

Your Name: Jian-Liu Wang

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

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Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Jian-Jun Zhai

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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Time frame: Since the initial planning of the work			
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2	Grants or contracts from	_____ None	

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

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ICMJE DISCLOSURE FORM

Date: 18/11/2021

Your Name: Lei Song

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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Date: 18/11/2021

Your Name: Zhi-Qiang Zhang

Manuscript Title: Applicability of two venous thromboembolism risk assessment models in gynecologic surgical patients

Manuscript number (if known): _____

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