Date:March 9 <sup>th</sup>	2022
Your Name: Qing	li Huang
Manuscript Title: _	Identification of immune-related biomarkers in embryos with neural tube defects
via a bioinforma	atics analysis
Manuscript numbe	r (if known):
In the interest of tr	ansparency, we ask you to disclose all relationships/activities/interests listed below that are

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>.

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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	√None	
4	Consulting fees	None	

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	_ <u>√</u> None	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	_ <u>*</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> _None	
12	Receipt of equipment,	_ <u>√</u> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> None	
	financial interests		
	ease summarize the above c		llowing box:
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	
	Dr. Huang has nothing to disclo	ose.	

Date:March 9 <sup>th</sup> , 2022
Your Name: Li Yang
Manuscript Title: Identification of immune-related biomarkers in embryos with neural tube defects
via a bioinformatics analysis
Manuscript number (if known):

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	I	Time frame: Since the initial	planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	<u>√</u> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events Payment for expert	/ Name	
6	testimony	<u>√</u> _None	
	testimony		
7	Support for attending	_√ None	
,	meetings and/or travel	IVOIC	
	<b>3</b> ,		
8	Patents planned, issued or	_ <u>√</u> None	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10		,	
10	Leadership or fiduciary role in other board, society,	_ <u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> None	
12	Receipt of equipment,	_ <u>√</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_√ None	
13	financial interests	<u>v</u> None	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	Dr. Yang has nothing to disclos	se.	
L			

_	March 9 <sup>th</sup> , 2022
Your Na	ame: Binbin Nong
Manus	cript Title: <u>Identification of immune-related biomarkers in embryos with neural tube defects</u>
<u>via a b</u>	<u>pioinformatics analysis</u>
Manus	cript number (if known):
In the i	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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	I	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.	None	26 mantha
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert	<u>√</u> _None	
	testimony		
7	Support for attending	_√ None	
,	meetings and/or travel	<del></del> None	
8	Patents planned, issued or	<u> </u>	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	/ 21	
10	in other board, society,	_ <u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> None	
12	Receipt of equipment,	_√ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_√ None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
	Dr. Nong has nothing to disclos	se.	

Date: <u>March 9<sup>th</sup>, 2022</u>	
Your Name: <u>Haisi Gan</u>	
Manuscript Title: <u>Identification of immune-related biomarkers in embryos with neural tube defe</u>	cts
<u>via a bioinformatics analysis</u>	
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are	

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		Time frame: Since the initial	pranning 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	√None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	√ None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	_ <u>√</u> None	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	_ <u>v</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> None	
12	Receipt of equipment,	_ <u>√</u> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> None	
	financial interests		
	ease summarize the above c		llowing box:
	Dr. Gan has houning to disclose	•	

ICIVIJE DISCLOSURE FORIVI				
Date: March 9 <sup>th</sup> , 2022 Your Name: Huizhen Wu				
Manuscript Title: Identification of immune-related biomarkers in embryos with neural tube defects				
via a bioinformatics analysis				
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</u> <u>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.				
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
Name all entities with Specifications/Comments				

		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_√ None	
	testimony		
7	Support for attending meetings and/or travel	<u>-</u> _None	
8	Patents planned, issued or	_ <u>√</u> None	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	√ None	
10	in other board, society,	_ <u>v</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> None	
12	D : 1 C : 1		
12	Receipt of equipment, materials, drugs, medical	_ <u>√</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fo	llowing box:
	Dr. Wu has nothing to disclose.		

Date: March 9 <sup>th</sup> , 202	<u>2</u>
Your Name: Meiyan	<u>Li</u>
Manuscript Title: <u>Id</u>	entification of immune-related biomarkers in embryos with neural tube defects
via a bioinformatic	<u>s analysis</u>
Manuscript number (if	known):
related to the content of parties whose interests	parency, we ask you to disclose all relationships/activities/interests listed below that are of your manuscript. "Related" means any relation with for-profit or not-for-profit third may be affected by the content of the manuscript. Disclosure represents a commitment es not necessarily indicate a bias. If you are in doubt about whether to list a

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relationship/activity/interest, it is preferable that you do so.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	_ <u>√</u> _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	_ <u>√</u> _None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ <u>√</u> None	
13	Other financial or non- financial interests	None	
	ease summarize the above control of the control of	onflict of interest in the fo	llowing box:

Date:March 9 <sup>th</sup> , 2022
Your Name: Mingyang Jin
Manuscript Title: Identification of immune-related biomarkers in embryos with neural tube defects
via a bioinformatics analysis
Manuscript 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).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	<u>√</u> _None	
	√ None	
	None	
•		
Support for attending	<u>√</u> _None	
meetings and, or traver		
Patents planned, issued or	_ <u>√</u> None	
pending		
	_ <u>√</u> None	
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	_ <u>√</u> None	
Stock or stock options	√None	
Receipt of equipment,	_ <u>√</u> None	
	/ None	
	_ <u>v</u> None	
manetal interests		
	onflict of interest in the fo	llowing box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or nonfinancial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial interests  Payment for expert  ✓ None  ✓ None  ✓ None  ✓ None

Date:March 9 <sup>th</sup> , 2022	
Your Name: Liling Xie	
Manuscript Title: Identification of immune-related bioma	arkers in embryos with neural tube defects
<u>via a bioinformatics analysis</u>	·
Manuscript 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).	None	
3	Royalties or licenses	√None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending	√ None	
,	meetings and/or travel	<u>√</u> _None	
8	Patents planned, issued or	_ <u>√</u> None	
	pending		
9	Participation on a Data	_ <u>√</u> None	
	Safety Monitoring Board or		
10	Advisory Board	,	
10	Leadership or fiduciary role in other board, society,	_ <u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_ <u>√</u> None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	/ None	
13	financial interests	None	
	Pase summarize the above conditions.  Dr. Xie has nothing to disclose.		llowing box:
		• H	