Date: <u>Apr. 24th, 2022</u> Your Name: <u>Jiang-Tao Mou</u> Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> 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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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) 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	This study was funded by the Science and Technology Research Project of Chongqing Education Commission (KJQN202100427) and the Young and Middle-Aged Medical Talents Project of Chongqing Municipal Health Commission/Chongqing Science and Technology Bureau (2022GDRC001).
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	VNone	
4	Consulting fores	d Need	
4	Consulting fees	_√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	VNone	
6	Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	_VNone	
8	Patents planned, issued or pending	VNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	VNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	VNone	
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	VNone	

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

Date: <u>Apr. 24th, 2022</u> Your Name: Shi-Xing Huang Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</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	VNone	
4	Consulting fees	_√None	

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

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

Date: <u>Apr. 24th, 2022</u> Your Name: Li-Li Yu Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> Manuscript number (if known):_____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	VNone	
4	Consulting fees	√ None	
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5	Payment or honoraria for	_VNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
0		_vNone	
	testimony		
7	Support for attending	_vNone	
	meetings and/or travel		
8	Patents planned, issued or	_VNone	
	pending		
9	Participation on a Data	√ None	
5	Safety Monitoring Board or		
	Advisory Board		
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10	Leadership or fiduciary role	_VNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	_VNone	
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Please place an "X" next to the following statement to indicate your agreement:

Date: <u>Apr. 24th, 2022</u> Your Name: Jing Xu Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> Manuscript number (if known):_____

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
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	educational events		
6	Payment for expert	√ None	
0		_vNone	
	testimony		
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8	Patents planned, issued or	_VNone	
	pending		
9	Participation on a Data	√ None	
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	Advisory Board		
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10	Leadership or fiduciary role	_VNone	
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11	Stock or stock options	√ None	
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Date: <u>Apr. 24th, 2022</u> Your Name: Qiao-Ling Deng Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> Manuscript number (if known):_____

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11	Stock or stock options	√ None	
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Date: <u>Apr. 24th, 2022</u> Your Name: Yi-Shan Xie Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> Manuscript number (if known):_____

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Date: <u>Apr. 24th, 2022</u> Your Name: Kun Deng Manuscript Title: <u>Identification of genetic polymorphisms in unexplained recurrent spontaneous abortion based on</u> <u>whole exome sequencing</u> Manuscript number (if known):_____

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