ICMJE DISCLOSURE FORM

Date: May 1 st , 2022	
Your Name: <u>Corey Able</u>	
Manuscript Title: <u>Robotic Ma</u>	gement of a Large Mullerian Duct Cyst: A Case Report and Review of Surgica
Options	<u> </u>
Manuscript number (if known):	TAU-22-216_

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>.

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

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13 Other financial or nonx_None		writing, gifts or other		
		services		
financial interests	13		x_None	
Please summarize the above conflict of interest in the following box:	Plea			
None.	N			

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

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

ICMJE DISCLOSURE FORM

Date: May 1st, 2	.022				
Your Name:	Aditya Srinivasan				
Manuscript Title	e:Robotic M	lanagement of a Large	Mullerian Duct Cyst: A	Case Report and	Review of Surgical
Options			•	-	
Manuscript num	nber (if known):	TAU-22-216			

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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		services		
financial interests	13		x_None	
Please summarize the above conflict of interest in the following box:	Plea			
None.	N			

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

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

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Date: <u>May 1st, 202</u>	2	
Your Name: <u>La</u>	ith Alzweri	
Manuscript Title: _	Robotic Management of a Large Mullerian Du	uct Cyst: A Case Report and Review of Surgica
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Manuscript numbe	er (if known):TAU-22-216	

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services 13 Other financial or nonx_None		materials, drugs, medical		
13 Other financial or nonx_None		writing, gifts or other		
		services		
financial interests	13		x_None	
Please summarize the above conflict of interest in the following box:	Plea			
None.	N			

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

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