

ICMJE DISCLOSURE FORM

Date: December 11, 2022
Your Name: Takuma Hayashi,
Manuscript Title: Importance of diagnostic methods for round ligament leiomyomas in clinical practice
Manuscript number (if known): QIMS-22-1276

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 current manuscript only.

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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.	<u>X</u> None	I have nothing to disclose.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	I have nothing to disclose.
3	Royalties or licenses	<u>X</u> None	I have nothing to disclose.
4	Consulting fees	<u>X</u> None	I have nothing to disclose.

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

Please summarize the above conflict of interest in the following box:

All authors have no disclosures regarding conflicts of interest.
I have no disclosures regarding conflicts of interest.

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

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Date: December 11, 2022
 Your Name: Nobuo Yaegashi
 Manuscript Title: Importance of diagnostic methods for round ligament leiomyomas in clinical practice
 Manuscript number (if known): QIMS-22-1276

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Date: December 11, 2022
 Your Name: Susumu Tonegawa
 Manuscript Title: Importance of diagnostic methods for round ligament leiomyomas in clinical practice
 Manuscript number (if known): QIMS-22-1276

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Date: December 11, 2022
 Your Name: Ikuo Konishi
 Manuscript Title: Importance of diagnostic methods for round ligament leiomyomas in clinical practice
 Manuscript number (if known): QIMS-22-1276

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