Date:	2023.4.20			
Your Na	me:	Zihan Niu_		
Manusc	ript Title: The	multiple reference rai	nge of mean ut	erine artery pulsatility index for natural and IVF singleton
during 1	11-14 gestation	al weeks		
Manusc	ript number (if	known):	_QIMS-23-629_	

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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	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ollowing box:
	The author have no conflic	ets of interest to declare	
	The author have no commo	is of interest to declare.	
Ple	ease place an "X" next to the	following statement to in	ndicate your agreement:

Da	te: 2023.4.20		
	ur Name:Yunshu		
Ma	nuscript Title: The multiple	reference range of mean u	uterine artery pulsatility index for natural and IVF singleton
	ring 11-14 gestational week	_	
			9
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current
In i	edication, even if that medic item #1 below, report all su e time frame for disclosure i	pport for the work reporte s the past 36 months. Name all entities with whom you have this relationship or indicate	sthe manuscript. In this manuscript without time limit. For all other items Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	l planning of the work
L	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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months

Royalties or licenses

Consulting fees

3

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X

X

None

None

5	Payment or honoraria for	X	_None	
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X	_None	
	testimony			
7	Support for attending meetings and/or travel	X	_None	
8	Patents planned, issued or	_X	_None	
	pending			
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9	Participation on a Data	X	_None	
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X	None	
10	in other board, society,	^_	_None	
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X_	_None	
12	Receipt of equipment,	X	_None	
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	Х	None	
10	financial interests			
		•		
Ple	ease summarize the above c	onflict	of interest in the fo	llowing box:
	The author have no conflic	cts of i	nterest to declare.	
L				
Ple	ease place an "X" next to the	e follow	ing statement to ir	dicate your agreement:

Date:2023.5.1_				
Your Name:	Jinsong Gao			
Manuscript Title: Th	e multiple reference ra	ange of mean uterine a	rtery pulsatility index for natural an	d IVF singleton
during 11-14 gestati	onal weeks			
Manuscript number	(if known):	QIMS-23-629		

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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.	_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	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
0	Dankisia skipa pa a Daka	V. Nere	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	The author have no conflic		lowing box:
		e following statement to in	dianta way agraamanti

Date:2023.4.22					
Your Name: Jia Lu					
Manuscript Title: The multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton					
during 11-14 gestational weeks					
Manuscript number (if known):QIMS-23-629					

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 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	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
0	Dankisia skipa pa a Daka	V. News	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	The author have no conflic		lowing box:
		e following statement to in	dianta way agraamanti

Date:2023.4.25	
Your Name:Meng Yang	
Manuscript Title: The multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton	
during 11-14 gestational weeks	
Manuscript number (if known):QIMS-23-629	

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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.	_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	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	The author have no conflic		lowing box:
		e following statement to in	dianta way agraamanti

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	ite:2023.5.1					
Yo	ur Name:Zhonghu	i Xu				
	Manuscript Title: The multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton					
	ring 11-14 gestational week					
Ma	anuscript number (if known):QIMS-23-62	9			
rel pa to rel Th ma	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in the pport for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		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)				
		Time frame: Since the initia	Inlanning of the work			
1	All conservation the conservation		planning of the work			
1	All support for the present	_XNone				
	manuscript (e.g., funding, provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
	The time initial terms items					
		Time frame: past	26 months			
2	Grants or contracts from	X None	- So months			
_	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	_XNone				
3	Noyalties of ficefises	NOTIC				
4	Consulting fees	_XNone				

5	Payment or honoraria for	XNon	e			
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNon	е			
	testimony					
7	Support for attending meetings and/or travel	XNon	e			
8	Patents planned, issued or	_XNon	е			
	pending					
_						
9	Participation on a Data	XNon	e			
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	X Non				
10	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	XNon	e			
12	Receipt of equipment,	XNon	e			
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X Non	e			
10	financial interests					
Ple	ease summarize the above c	onflict of int	erest in the fo	ollowing box:		
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	The author have no conflic	cts of intere	st to declare.			
Ple	ease place an "X" next to the	e following s	tatement to i	ndicate vour agree	ement:	

		ICIVIJE DISC	LOSURE FURIVI	
Da	te: 2023.4.25			
Yo	ur Name:Yixiu Zha	ing		
			uterine artery pulsatility index for natural and IVF singl	leton
	ring 11-14 gestational week	_	,, ,	
	nuscript number (if known)		9	
		· ————		
In t	the interest of transparency	, we ask you to disclose al	I relationships/activities/interests listed below that are	9
		· ·	ans any relation with for-profit or not-for-profit third	
	•	•	of the manuscript. Disclosure represents a commitmen	t
to	transparency and does not	necessarily indicate a bias.	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do) SO.	
The	e following questions apply	to the author's relationship	ips/activities/interests as they relate to the current	
ma	nuscript only.			
The	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript perta	ains
to	the epidemiology of hypert	ension, you should declare	all relationships with manufacturers of antihypertens	ive
me	edication, even if that medic	cation is not mentioned in	the manuscript.	
In i	item #1 below, report all su	pport for the work reporte	ed in this manuscript without time limit. For all other it	tems,
the	e time frame for disclosure i	s the past 36 months.		
		A1 II .*** **I		
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution	
		needed)		
		Time frame: Since the initia	I planning of the work	
1	All support for the present	X None		
_	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			

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Consulting fees

3

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X__None

_X__None

5	Payment or honoraria for	X	None	
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X	_None	
	testimony			
7	Support for attending meetings and/or travel	X	_None	
8	Patents planned, issued or	_X	_None	
	pending			
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9	Participation on a Data	X	_None	
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	Х	None	
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X_	_None	
12	Receipt of equipment,	X	None	
12	materials, drugs, medical	^_	_NOTIE	
	writing, gifts or other			
	services			
13	Other financial or non-	X	_None	
	financial interests			
Ple	ease summarize the above c	onflict o	of interest in the fo	llowing box:
	The author have no conflic	cts of ir	terest to declare.	
Ple	ease place an "X" next to the	e follow	ing statement to ir	ndicate your agreement:

form.

Date:2023.4.25_	
Your Name:	_Xi-Ning Wu
Manuscript Title: The	multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton
during 11-14 gestation	nal weeks
Manuscript number (if known):QIMS-23-629

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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)
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	pranning or the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services	1	
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above of the author have no conflic		lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:2023.4.25_	
Your Name:	_Peipei Zhang
Manuscript Title: The	e multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton
during 11-14 gestation	onal weeks
Manuscript number	(if known):QIMS-23-629

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
0	Dankisia skipa pa a Daka	V. News	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	V. None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	The author have no conflic		lowing box:
		e following statement to in	dianta way agraamanti

Date:2023.5.8	
Your Name:	ke Lv
Manuscript Title: T	e multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton
during 11-14 gestat	onal weeks
Manuscript numbe	(if known):QIMS-23-629

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		Time frame: past	36 months
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services	1	
13	Other financial or non-	X None	
	financial interests		
	The author have no conflic		lowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:2023.4.22_	
Your Name:	Yuxin Jiang
Manuscript Title: The	e multiple reference range of mean uterine artery pulsatility index for natural and IVF singleton
during 11-14 gestation	nal weeks
Manuscript number	(if known):QIMS-23-629

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
10	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above c		lowing box:
	The author have no conflic	ets of interest to declare.	
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

		ICMJE DISCI	OSURE FORM	
Dat	e: 2023.4.20			
	r Name:Hua Me			
Mai	nuscript Title: The multiple	reference range of mean u	iterine artery pulsatility index for natural and IVF singl	leton
	ing 11-14 gestational week		-	
Mai	nuscript number (if known):QIMS-23-629	9	
In t	he interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	е
			ans any relation with for-profit or not-for-profit third	
-	•	-	f the manuscript. Disclosure represents a commitmen	t
	•	-	If you are in doubt about whether to list a	
rela	tionship/activity/interest,	it is preferable that you do	so.	
The to t	nuscript only. author's relationships/act he epidemiology of hypert dication, even if that medic	ivities/interests should be ension, you should declare cation is not mentioned in t	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other in	ive
	time frame for disclosure i	• •	•	·
		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) Time frame: Since the initial	planning of the work	
	All support for the present		planning of the work	
	All support for the present manuscript (e.g., funding,	_XNone		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from	XNone		

any entity (if not indicated

X

X

_None

_None

in item #1 above).

Royalties or licenses

Consulting fees

3

4

5	Payment or honoraria for	X_	None	
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X_	None	
	testimony			
7	Support for attending meetings and/or travel	X_	None	
8	Patents planned, issued or	_X	None	
	pending			
9	Participation on a Data	X_	None	
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X	None	
10	in other board, society,	^_	NOTIE	
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X_	None	
12	Receipt of equipment,	X_	None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	Х	None	
	financial interests		_	
	rase summarize the above conflic			llowing box:
Ple	ease place an "X" next to the	e follov	ving statement to in	ndicate vour agreement:

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