

ICMJE DISCLOSURE FORM

Date: 2023-11-10

Your Name: Dan Sun

Manuscript Title: Developing and validating a prediction model of live birth in patients with moderate-to-severe intrauterine adhesions: A new approach by endometrial morphology measurement by 3D transvaginal ultrasound

Manuscript number (if known): QIMS-23-1014-R1

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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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.	<input type="checkbox"/> Yes	Hunan Provincial Clinical Medical Technology Innovation Guiding Project (Nos. 2021SK53704 and. 2021SK53711)
			Natural Science Foundation of Hunan Province (Nos. 2021JJ40956 and 2020JJ4859)
			Key Research and Development Program of Hunan province (No. 2022SK2033)
			Hunan Science and Technology Department (No. 2020 SK4017)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	
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Date: 2023-11-10

Your Name: Shuijing Yi

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Manuscript number (if known): QIMS-23-1014-R1

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ICMJE DISCLOSURE FORM

Date: 2023-11-10

Your Name: Fei Zeng

Manuscript Title: Developing and validating a prediction model of live birth in patients with moderate-to-severe intrauterine adhesions: A new approach by endometrial morphology measurement by 3D transvaginal ultrasound

Manuscript number (if known): QIMS-23-1014-R1

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Your Name: Wenwei Cheng

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Your Name: Dabao Xu

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Your Name: Xingping Zhao

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