

ICMJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Dongxi Lin

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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) |
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| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |

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

None.

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

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: January 20th, 2024

Your Name: Hong Li

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-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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ICMJJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Li Tian

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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ICMJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Luhao Liu

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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ICMJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Jintao Zhang

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |

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

Jintao Zhang is an employee of Shanghai Liangying Medical Technology Co., Ltd., and reports that he had no financial or other conflicts with respect to this study.

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.

ICMJJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Yong Wang

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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ICMJJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Jiacheng Zhang

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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ICMJJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Linlin Su

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

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ICMJE DISCLOSURE FORM

Date: January 20th, 2024

Your Name: Qingyu Zeng

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-R1

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
| | | | |
| 5 | Payment or honoraria for | <input checked="" type="checkbox"/> None | |

| | | | |
|----|---|---|--|
| | lectures, presentations, speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input checked="" type="checkbox"/> None | |

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

None.

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: January 20th, 2024

Your Name: Qiumei Wu

Manuscript Title: Prenatal sonographic evidence of oligohydrospermic ectodermal dysplasia and postnatal genetic testing of a family line of child

Manuscript number (if known): QIMS-23-1429-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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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. | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
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| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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Please summarize the above conflict of interest in the following box:

None.

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

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