Date:_____Feb. 26th, 2024____

 Your Name:___Ling Wang___

 Manuscript Title:_____

 Evaluation of tubal patency based on Peak Injection Pressure in Four Dimensional

 Hysterosalpingo Contrast Sonography among infertile females: a preliminary study____

 Manuscript number (if known):______

 QIMS-23-1569_____

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.	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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

 Date:_____Feb. 26th, 2024_____

 Your Name:____Xin Chen ___

 Manuscript Title:______

 Evaluation of tubal patency based on Peak Injection Pressure in Four Dimensional

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:_____Feb. 26th, 2024____ Your Name:____Min He ___ Manuscript Title:_____ Evaluation of tubal patency based on Peak Injection Pressure in Four Dimensional Hysterosalpingo Contrast Sonography among infertile females: a preliminary study____ Manuscript number (if known):______ QIMS-23-1569_____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

 Date:_____Feb. 26th, 2024____

 Your Name:___Sha Hu ___

 Manuscript Title:_____

 Evaluation of tubal patency based on Peak Injection Pressure in Four Dimensional

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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

 Date:_____Feb. 26th, 2024____

 Your Name:____ Quanlin Ren ___

 Manuscript Title:_____ Evaluation of tubal patency based on Peak Injection Pressure in Four Dimensional

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

 Date:_____Feb. 26th, 2024_____

 Your Name:____Xiaoying Qi ___

 Manuscript Title:______

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 Date:______Feb. 26th, 2024_____

 Your Name:_____Yifei Tan ____

 Manuscript Title:______

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 Date:_____Feb. 26th, 2024____

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