Date: March 2, 2021
Your Name: Baomei Yan
Manuscript Title: A simulation study of ultrasound-guided aspiration auxiliary device in the treatment of pelvic
cystic masses
Manuscript number (if known): QIMS-20-938

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	√None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

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

The authors declares no conflicts of interests.
•

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

Date: March 2, 2021
Your Name: Xiaowen Liang
Manuscript Title: A simulation study of ultrasound-guided aspiration auxiliary device in the treatment of pelvic
cystic masses
Manuscript number (if known): QIMS-20-938

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	√None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

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

The authors do	eclares no conflicts	of interests.
	•	

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

Date: March 2, 2021
Your Name: Jinghui Fang
Manuscript Title: A simulation study of ultrasound-guided aspiration auxiliary device in the treatment of pelvic
cystic masses
Manuscript number (if known): QIMS-20-938

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	√None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	√None	
4	Consulting fees	√None	

5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending		
	meetings and/or travel		
0	Determination of leaves desired	/ 1	
8	Patents planned, issued or pending	√None	
	penang		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√ None	
	,		
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√ None	
	financial interests		

The author	rs declares no conflicts of interests.	
	•	

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

Date: March 2, 2021
Your Name: Jinsui Yu
Manuscript Title: A simulation study of ultrasound-guided aspiration auxiliary device in the treatment of pelvic
cystic masses
Manuscript number (if known): QIMS-20-938

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	√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 <b>时间</b> 范围: <b>过</b> 去 36 个月			
2	Grants or contracts from	√None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	√None		
4	Consulting fees	√None		

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

The authors	declares no conflicts of interests.	
	•	

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

Date: March 2, 2021
Your Name: Zhiyi Chen
Manuscript Title: A simulation study of ultrasound-guided aspiration auxiliary device in the treatment of pelvic
cystic masses
Manuscript number (if known): QIMS-20-938

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

	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
All support for the present manuscript (e.g., funding, provision of study materials,	√None	
medical writing, article processing charges, etc.)  No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated		
in item #1 above).		
Royalties or licenses	√None	
Consulting foos	/ None	
Consulting rees		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial  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.  Time frame: past  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses  whom you have this relationship or indicate

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

The authors declares no conflicts of interests.	
•	

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