

ICMJE DISCLOSURE FORM

Date: Apr. 1st, 2021

Your Name: Haijun Gao

Manuscript Title: Uterine Artery Embolization, Surgery and High Intensity Focused Ultrasound in the Treatment of Uterine Fibroids: A Network Meta-analysis

Manuscript number (if known): QIMS-20-1331

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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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

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Date: Apr. 1st, 2021

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Date: Apr. 1st, 2021

Your Name: Dianxun Fu

Manuscript Title: Uterine Artery Embolization, Surgery and High Intensity Focused Ultrasound in the Treatment of Uterine Fibroids: A Network Meta-analysis

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