

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Qinjian

2. Surname (Last Name)

Yu

3. Date

16-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mianmian Wang

5. Manuscript Title

Meta-analysis of the effectiveness and safety of aspirin combined with letrozole in the treatment of polycystic ovary syndrome

6. Manuscript Identifying Number (if you know it)

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Dr. Yu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Zhihui	2. Surname (Last Name) Wang	3. Date 16-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mianmian Wang
5. Manuscript Title Meta-analysis of the effectiveness and safety of aspirin combined with letrozole in the treatment of polycystic ovary syndrome		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Fangfang	2. Surname (Last Name) Su	3. Date 16-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mianmian Wang
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Mianmian

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Wang

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