

ICMJE DISCLOSURE FORM

Date: 2021-7-22

Your Name: Jialing Yuan

Manuscript Title: Efficacy of omega-3 polyunsaturated fatty acids on hormones, oxidative stress, and inflammatory parameters in in patients with polycystic ovary syndrome: a systematic review and meta-analysis
 Manuscript number (if known): _____

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**.

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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			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	<input checked="" type="checkbox"/> <input type="checkbox"/> None
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	<input checked="" type="checkbox"/> <input type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	<input checked="" type="checkbox"/> <input type="checkbox"/> None
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> None	<input checked="" type="checkbox"/> <input type="checkbox"/> None

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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: 2021-7-22

Your Name: Xuemei Wen

Manuscript Title: Efficacy of omega-3 polyunsaturated fatty acids on hormones, oxidative stress, and inflammatory parameters in in patients with polycystic ovary syndrome: a systematic review and meta-analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021-7-22

Your Name: Ming Jia

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