Date:	2 August 2021	
Your Name:	PATCHAREYA	WIVA TPUMIN
Manuscript Title: _		ntraoperative Tubal Sterilization are Risk Factors for Pain after Cesarean
Delivery: A Prospec	tive Observational Study	
Manuscript numbe	er (if known):	
	NOV. NO. OF CO.	

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 initi	al 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.		
SIS.		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	5 1 1 2 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	
	educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
_		17	
9	Participation on a Data Safety Monitoring Board or	<u>X</u> None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	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-	X None	
13	financial interests	None	
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- None -	

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

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

Date:	5 Avg 202
Your Name:	PAININEE PANGTHIPAMPAL
Manuscript Title: _	Gestational Diabetes and Intraoperative Tubal Sterilization are Risk Factors for Pain after Cesarea
	tive Observational Study
Manuscript numbe	er (if known):

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	_X_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	

N/A	

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Y	ate: A Augu pur Name: Suka	INVA DEJ-ARKO	νM
			rative Tubal Sterilization are Risk Factors for Pain after Cesarea
M	anuscript number (if known	n):	
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	e following questions apply anuscript only.	to the author's relations	hips/activities/interests as they relate to the current
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript.
	item #1 below, report all su e time frame for disclosure i		ted in this manuscript without time limit. For all other items,
		Name all audit audit	c 's ' /o
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your
		none (add rows as	institution)
		needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	X None	ar planning of the work
_	manuscript (e.g., funding,	_/_None	
	provision of study materials,		
	medical writing, article		
processing charges, etc.)			
No time limit for this item.			
	THE RESERVE THE PARTY OF THE PA	Time frame: pas	t 36 months
2	Grants or contracts from	_X_None	A SO MORENS
7	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	✓ None	
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Consulting fees

____None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
U	testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	<u>X</u> 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	

No	conflict	OF	interest	40	declare

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Date:	I Aug.	2021
Your Name:	SOMKIAT	AROUNTRURSARUL
Manuscript Title: _	_ Gestational Diak	petes and Intraoperative Tubal Sterilization are Risk Factors for Pain after Cesarean
Delivery: A Prospec		
Manuscript numbe	r (if known):	

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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.	Time frame: Since the initialNone	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	None	

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

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

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Date:	5-40G-8	2021		
Your Name:	TRIPOP	LERTBUNAPHONG		
Manuscript Title:	Gestational	Diabetes and Intraoperative	e Tubal Sterilization are Risk Factors fo	r Pain after Cesarean
Delivery: A Prospe	ctive Observat	ional Study		
Manuscript numb	er (if known):			

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	✓ None	
	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
			,
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	√ None	TO THE AND THE PROPERTY OF THE
	pending		
	9		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	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		

None,		9	
3 "			
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Date:	3 August 2021
Your Name:	Tanyanun Ngam - ek-eu
Manuscript Title:	Gestational Diabetes and Intraoperative Tubal Sterilization are Risk Factors for Pain after Cesarean
	ective Observational Study
Manuscript numb	

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I hereby report ho conflicts of interest in any aspect.

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