## ICMJE DISCLOSURE FORM

 Date:
 21/12/2021\_\_\_\_\_

 Your Name:
 Maurizio Nordio\_\_\_

 Manuscript Title:
 Critical considerations about the generalized use of n-3 polyunsaturated fatty acids in patients

 with Polycystic Ovary Syndrome
 Manuscript number (if known):

 APM-21-3430
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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</u> <u>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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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	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).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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6	educational events Payment for expert	X None	
0	testimony		
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7	Support for attending meetings and/or travel	X None	
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9	Participation on a Data	XNone	
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	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
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13	financial interests		

## Please summarize the above conflict of interest in the following box:

None.

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

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