Date:	9/6/2021	
Your Name:	_Shari Bodofsky	
Manuscript Title	:Ovarian Transpo	sition and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinoma
Patient: A Case I	Report	
Manuscript num	nber (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.

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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
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.	_xNone	
		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	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
	testimony		
7	Compant for attanding	x None	
/	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests		
	Tillalicial lifterests		
Plea	ase summarize the above co	onflict of interest in the f	ollowing box:
	none		

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

Date: 9/2/2021	
Your Name: Sean Ho	ing
Manuscript Title:Ovari	an Transposition and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinoma
Patient: A Case Report	
Manuscript number (if	f known):

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	xNone	
	testimony		
7	Support for attending	_x_None	
	meetings and/or travel		
	5	V 1	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	^X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
2	Receipt of equipment,	X None	
	materials, drugs, medical	None	
	writing, gifts or other		
	services		
L3	Other financial or non-	x_None	
	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:

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

Date:	_Sept 7, 2021
Your Name:	George N. Botros
Manuscript Title:Ovaria	n Transposition and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinoma
Patient: A Case Report	
Manuscript number (if	known):

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3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fol	lowing box:
	- - - - - - - 		
N	lo conflicts		

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

Date:	09	/03	/21
Date.	UJ.	<i>,</i> UJ	/

Your Name: Evita Sadimin

Manuscript Title: Ovarian Transposition and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinoma

Patient: A Case Report

Manuscri	pt number ((if known):	

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2	Grants or contracts from any entity (if not indicated	Time frame: pastx_None	36 months
3	in item #1 above). Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	x None			
	testimony				
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7	Support for attending	xNone			
′	meetings and/or travel				
	meetings and/or traver				
8	Patents planned, issued or	xNone			
	pending				
9	Participation on a Data	x None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x None			
10	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x None			
11	Stock of Stock options				
12	Descript of annihum ant	N. N			
12	Receipt of equipment,	x_None			
	materials, drugs, medical				
	writing, gifts or other				
12	services Other financial or non-	Nama			
13		x_None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	None.				
	INOTIC.				

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Date:	_9/6/21	
Your Name:	Patrick Boland	
Manuscript Tit	tle:Ovarian Transposition	and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinoma
Patient: A Case	e Report	
Manuscript nu	ımber (if known):	

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1	All support for the present	xNone	
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2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

		T.			
5	Payment or honoraria for	xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	xNone			
	testimony				
7	Support for attending	xNone			
	meetings and/or travel				
8	Patents planned, issued or	x None			
0	pending	xNone	+		
	penung		-		
0	Participation on a Data	y None			
9	•	xNone			
	Safety Monitoring Board or Advisory Board				
10		y Nana			
10	Leadership or fiduciary role in other board, society,	xNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x None			
11	Stock of Stock options	xNone			
12	Receipt of equipment,	y Nana			
12	materials, drugs, medical	xNone			
	writing, gifts or other				
	services				
13	Other financial or non-	x None			
13	financial interests	^_NOTIC			
	Tillaliciai iliterests				
Ples	Please summarize the above conflict of interest in the following box:				
. 100	ise sammanize the above to	mile of interest in the lot	oming work		
	None.				

None.			

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Date:9/6/2021
Your Name:Matthew Deek
Manuscript Title: Ovarian Transposition and Metachronous Ovarian Metastasis in a Premenopausal Colorectal Carcinon
Patient: A Case Report
Manuscript number (if known):

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3	Royalties or licenses	_xNone	
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	_		

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	lectures, presentations,					
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6	Payment for expert	x_None				
	testimony					
7	Comment for a state of the s	NI				
7	Support for attending meetings and/or travel	xNone				
8	Patents planned, issued or	xNone				
	pending					
9	Participation on a Data	xNone				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	xNone				
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	committee or advocacy					
4.4	group, paid or unpaid					
11	Stock or stock options	x_None				
12	Descint of antique ant	y None				
12	Receipt of equipment, materials, drugs, medical	xNone				
	writing, gifts or other					
	services					
13	Other financial or non-	xNone				
	financial interests					
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