Date: April 19th,2021			
Your Name: Binbin Nong			
Manuscript Title:_	Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma		
Manuscript number (if known):			

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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	<u>√</u> _None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>√</u> _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<mark>√</mark> None	
4	Consulting fees	<u>√</u> _None	

5	Payment or honoraria for lectures, presentations,	<u>√</u> _None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>√</u> _None	
	testimony		
7	Support for attending	_√ None	
'	meetings and/or travel	<u>v</u> _None	
8	Patents planned, issued or	<u>√</u> _None	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> _None	
	in other board, society,		
	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-	_√ None	
13	financial interests	None	
_	ase summarize the above control of the disclosure of the disclosur		following box:
Ple	ase place an "X" next to the	e following statement to	indicate your agreement:

Date: <u>April 19th,2021</u>			
Your Name: Tongye Su			
Manuscript Title:_	Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma		
Manuscript number	er (if known):		

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

5	Payment or honoraria for lectures, presentations,	<u>√</u> _None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>√</u> _None	
	testimony		
7	Support for attending	√ None	
′	meetings and/or travel	<u>v</u> None	
8	Patents planned, issued or	<u>√</u> _None	
	pending		
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	√ None	
	ocon or ocon opinonic	None	
12	Receipt of equipment,	<u>√</u> _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_√ None	
13	financial interests	None	
_	ase summarize the above control of the summarize the above of the summarize the s	onflict of interest in the f	ollowing box:
_			
Ple	ase place an "X" next to the	following statement to i	ndicate your agreement:

Date: <u>April 19th,2021</u>		
Your Name: Mingyang Jin		
Manuscript Title: Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma		
Manuscript number (if known):		

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2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	
3	Royalties or licenses	None	
4	Consulting fees	√_ None	

5	Payment or honoraria for	<u>√</u> _None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>√</u> _None	
	testimony		
_	0		
7	Support for attending meetings and/or travel	<u>√</u> _None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	√ None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> _None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> _None	
12	Receipt of equipment, materials, drugs, medical	<u>√</u> _None	
	writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> _None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
	Dr. Jin has nothing to disclose.		
	C		
L			
~ !		. fallanda az e	
Ple	ease place an "X" next to the	e tollowing statement to	naicate your agreement:

Date: <u>April 19th,2021</u>			
Your Name: Jintai Huang			
Manuscript Title: Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma			
Manuscript number (if known):			

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

5	Payment or honoraria for	<u>√</u> _ None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>√</u> _None	
	testimony		
7	Support for attending meetings and/or travel	<u>√</u> _None	
8	Patents planned, issued or	<u>√</u> _None	
	pending		
9	Participation on a Data	<u>√</u> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>√</u> _None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>√</u> _None	
12	Receipt of equipment,	<u>√</u> _None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> _None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	Dr. Huang has nothing to disclo	ose.	
Ple	ease place an "X" next to the	following statement to in	dicate your agreement:

Date: <u>April 19th,2021</u>				
Your Name: Aimin Huang				
Manuscript Title: Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma				
Manuscript number (if known):				

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3	Royalties or licenses	None			
4	Consulting fees	None			

5	Payment or honoraria for	<u>√</u> _ None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	<u>√</u> None			
	testimony				
7	Support for attending meetings and/or travel	<u>√</u> _None			
8	Patents planned, issued or	<u>√</u> _None			
	pending				
9	Participation on a Data	<u>√</u> _None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	<u>√</u> _None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	<u>√</u> _None			
12	Receipt of equipment,	<u>√</u> _None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	<u>√</u> _None			
	financial interests				
Please summarize the above conflict of interest in the following box:					
	Dr. Huang has nothing to disclose.				
Ple	ease place an "X" next to the	following statement to in	dicate your agreement:		

Date: April 19th,2021				
Your Name: Dalang Fang				
Manuscript Title: Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma				
Manuscript number (if known):				

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3	Royalties or licenses	None			
4	Consulting fees	None			

Separation of honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Support for attending meetings and/or travel Sup				
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manuscript writing or educational events 6				
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Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: Dr. Fang has nothing to disclose.	9		_ <u>√</u> _None	
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writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: Dr. Fang has nothing to disclose.	12	Receipt of equipment,	<mark>√</mark> None	
Services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: Dr. Fang has nothing to disclose.				
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Please summarize the above conflict of interest in the following box: Dr. Fang has nothing to disclose.	12			
Please summarize the above conflict of interest in the following box: Dr. Fang has nothing to disclose.	13		None	
Dr. Fang has nothing to disclose.		mancial interests		
Please place an "X" next to the following statement to indicate your agreement:				llowing box:
	Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

Date: <u>April 19th,2021</u>				
Your Name: Jie Wei				
Manuscript Title:	Immune-related gene ANGPT1 is an adverse biomarker for endometrial carcinoma			
Manuscript number (if known):				

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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	<u>√</u> None		
	testimony			
7	Support for attending meetings and/or travel	<u>√</u> _None		
8	Patents planned, issued or	√None		
	pending			
9	Participation on a Data Safety Monitoring Board or	√None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	<u>√</u> _None		
	committee or advocacy group, paid or unpaid			
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		
	Pase summarize the above conditions of the condi		lowing box:	
Ple	Please place an "X" next to the following statement to indicate your agreement:			