

ICMJE DISCLOSURE FORM

Date: May. 5th, 2022
 Your Name: Xiaoxiang Jie
 Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer
 Manuscript number (if known): TCR-22-529

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.

The author's relationships/activities/interests should be defined broadly. 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.

		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.	None	
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	
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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	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	None	

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.

ICMJE DISCLOSURE FORM

Date: May. 5th, 2022

Your Name: Meng Zhang

Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer

Manuscript number (if known): TCR-22-529

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ICMJE DISCLOSURE FORM

Date: May. 5th, 2022
 Your Name: Ming Du
 Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer
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Date: May. 5th, 2022
 Your Name: Qingqing Cai
 Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer
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Date: May. 5th, 2022

Your Name: Qing Cong

Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer

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Date: May. 5th, 2022
 Your Name: Congjian Xu
 Manuscript Title: Detection of Circulating Tumor Cells and Evaluation of EMT patterns of CTCs in Ovarian Cancer
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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.	the Shanghai Medical Center of Key Programs for Female Reproductive Diseases [grant number 2017ZZ01016]	The funding was made to the Obstetrics and Gynecology Hospital of Fudan University.
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The author reports funding made to the Obstetrics and Gynecology Hospital of Fudan University from the Shanghai Medical Center of Key Programs for Female Reproductive Diseases [grant number 2017ZZ01016].

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Date: May. 5th, 2022
 Your Name: Xiaoyan Zhang
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