

ICMJE DISCLOSURE FORM

Date: January 12 2023

Your Name: 1. Saya Tamura

Manuscript Title: Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice

Manuscript number (if known): TCR-22-2605

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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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).	<u>X</u> None	I have nothing to disclose.
3	Royalties or licenses	<u>X</u> None	I have nothing to disclose.
4	Consulting fees	<u>X</u> None	I have nothing to disclose.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	I have nothing to disclose.
6	Payment for expert testimony	<u> X </u> None	I have nothing to disclose.
7	Support for attending meetings and/or travel	<u> X </u> None	I have nothing to disclose.
8	Patents planned, issued or pending	<u> X </u> None	I have nothing to disclose.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	I have nothing to disclose.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	I have nothing to disclose.
11	Stock or stock options	<u> X </u> None	I have nothing to disclose.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	I have nothing to disclose.
13	Other financial or non-financial interests	<u> X </u> None	I have nothing to disclose.

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

All authors have no disclosures regarding conflicts of interest.
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Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: January 12 2023
 Your Name: 2. Takuma Hayashi
 Manuscript Title: Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice
 Manuscript number (if known): TCR-22-2605

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ICMJE DISCLOSURE FORM

Date: January 12 2023

Your Name: 3. Nobuo Yaegashi

Manuscript Title: Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice

Manuscript number (if known): TCR-22-2605

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Date: January 12 2023

Your Name: 4. Kaoru Abiko

Manuscript Title: Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice

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Date: January 12 2023

Your Name: 5. Ikuo Konishi

Manuscript Title: Notes on the morphological features of cotyledonary dissecting leiomyoma, which is rare in clinical practice

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