ICMJE DISCLOSURE FORM

Date: __2022-02-09__
Your Name: ___ Sulian Zhuang ___
Manuscript Title: __ The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis__
Manuscript number (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.

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.

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

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Disclosure Status |
|---|-----------------------------------------------------------------------------|-------------------|
| 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 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | √ None |
| 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 |

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

Dr. Zhuang has nothing to disclose.

**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.
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Date: __2022-02-09__

Your Name: ____ Chunxia Jing  ____________________________________________________________

Manuscript Title: __ The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis __

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                                                                          |

*Time frame: Since the initial planning of the work*

*Time frame: past 36 months*
|   | Conflict of Interest                                | Yes | No  |
|---|---------------------------------------------------|-----|-----|
| 5 | Payment or honoraria for lectures, presentations, speake... | _✓_ | 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 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _✓_ | None |
| 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 |

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

Dr. Jing has nothing to disclose.

Please place an “✓” 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.
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Date: __2022-02-09__________________________

Your Name: ___Lei Yu_________________________

Manuscript Title: ___The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis__

Manuscript number (if known): ____________________________________________

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| 3 | Royalties or licenses | __√__None | |
| 4 | Consulting fees | __√__None | |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 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   |
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| 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   |

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

Dr. Yu has nothing to disclose.

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: __2022-02-09__
Your Name: __Liwei Ji__
Manuscript Title: __The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis__
Manuscript number (if known): ________________________________

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|   | **No time limit for this item.**                                                                                                                                                                   |                                                                                              |
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| 3 | Royalties or licenses                                                                                                                                                                              | __√__ None                                                                                   |
| 4 | Consulting fees                                                                                                                                                                                   | __√__ None                                                                                   |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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

10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
    - _✓_ None

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

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

Dr. Ji has nothing to disclose.

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.
ICMJE DISCLOSURE FORM

Date: __2022-02-09_________________________________________________________________________
Your Name: ____ Weiwei Liu __________________________________________________________________
Manuscript Title: __ The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis
Manuscript number (if known): __________________________________________________________________

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|   | Time frame: Since the initial planning of the work                                              |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _√_ None                                                                          |
| 3 | Royalties or licenses                                                                         | _√_ None                                                                          |
| 4 | Consulting fees                                                                              | _√_ None                                                                          |
|   | Time frame: past 36 months                                                                    |                                                                                 |
## Conflict of Interest

**Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events**

- [ ] V None

**Payment for expert testimony**

- [ ] V None

**Support for attending meetings and/or travel**

- [ ] V None

**Patents planned, issued or pending**

- [ ] V None

**Participation on a Data Safety Monitoring Board or Advisory Board**

- [ ] V None

**Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid**

- [ ] V None

**Stock or stock options**

- [ ] V None

**Receipt of equipment, materials, drugs, medical writing, gifts or other services**

- [ ] V None

**Other financial or non-financial interests**

- [ ] V None

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

Dr. Liu has nothing to disclose.

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**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.
ICMJE DISCLOSURE FORM

Date: __2022-02-09______________________________
Your Name: ____ Xingpo Hu _______________________
Manuscript Title: ____ The relationship between polycystic ovary syndrome and infertility: a bibliometric analysis
Manuscript number (if known): ________________________

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|   | **No time limit for this item.**                                                                  |                                                                                             |
|   |                                                                                                  |                                                                                             |
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|   |                                                                                                  |                                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _V__None                                                                                  |
| 3 | Royalties or licenses                                                                             | _V__None                                                                                  |
| 4 | Consulting fees                                                                                 | _V__None                                                                                  |

|   | Time frame: past 36 months                                                                      |                                                                                             |
|   |                                                                                                  |                                                                                             |
|   |                                                                                                  |                                                                                             |
|   |                                                                                                  |                                                                                             |
|   | 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 |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | _✓_ None |
| 13| Other financial or non-financial interests                                                       | _✓_ None |

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Dr. Hu has nothing to disclose.

Please place an “X” next to the following statement to indicate your agreement:

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