# Data Sharing Statement

| Item | Question                                                                 | Authors’ Response (place “-” if not applicable) |
|------|--------------------------------------------------------------------------|--------------------------------------------------|
| 1    | Would you like to share data collected for your study to others?         | No.                                              |
| 2    | If not, would you like to share the reason for your decision?            | The data involved in this study is private data of patients undergoing assisted reproduction, which is not easy to share. If there are researchers who need to use the relevant data of this study in the future, they can communicate with me via email. |
| 3    | What data in particular will be shared?                                  | -                                                |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | -                                                |
| 5    | When will data availability begin?                                       | -                                                |
| 6    | When will data availability end?                                         | -                                                |
| 7    | To whom will you share the data?                                        | -                                                |
| 8    | For what type of analysis or purpose?                                   | -                                                |
| 9    | How or where can the data/documents be obtained?                        | -                                                |
| 10   | Any other restrictions?                                                 | -                                                |