**ICMJE DISCLOSURE FORM**

Date: __________________________ 2021/7/8 __________________________

Your Name: __________________________ Wenjie Li __________________________

Manuscript Title: Effect of growth hormone on thin endometrium via intrauterine infusion

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.

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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. | 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**
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|---|---|
| 6 | Payment for expert testimony | None |
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| 8 | Patents planned, issued or pending | None |
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| 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:

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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.
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Date:_________________2021/7/7____________________________________________________________
Your Name:______________________________Zhiwen Cao____________________________________________________________
Manuscript Title: Effect of growth hormone on thin endometrium via intrauterine infusion
Manuscript number (if known):_______________________________________________________________

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Date:_________________2021/7/9____________________________________________________________
Your Name:___________________________________________Xiaoying Yu_______________________________
Manuscript Title: Effect of growth hormone on thin endometrium via intrauterine infusion
Manuscript number (if known):_______________________________________________________________

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| 3 | Royalties or licenses                                                                            | ____None                                                                 |
| 4 | Consulting fees                                                                                 | ____None                                                                 |
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Date:________________________2021/7/9________________________

Your Name:__________________________Weihua Hu________________________

Manuscript Title: Effect of growth hormone on thin endometrium via intrauterine infusion
Manuscript number (if known):_______________________________________________________________

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