ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Sokratis

2. Surname (Last Name)  
   Grigoriadis

3. Date  
   08-April-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

   Corresponding Author’s Name  
   Mara Simopoulou

5. Manuscript Title  
   New insights in addressing endometrial dysfunction: The potential role of Growth Hormone

6. Manuscript Identifying Number (if you know it)  
   ATM-20-2829(E2020040298-32175347-ATM)

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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Dr. Grigoriadis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Evangelos
2. Surname (Last Name) Mazeiotis
3. Date 08-April-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name Mara Simopoulou
5. Manuscript Title
   New insights in addressing endometrial dysfunction: The potential role of Growth Hormone
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Dr. Maziotis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Nikolaos

2. Surname (Last Name)  
   Vlahos

3. Date  
   08-April-2020

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Mara Simopoulou

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1. Given Name (First Name)  Mara
2. Surname (Last Name)  Simopoulou
3. Date  08-April-2020
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