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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jiao

2. Surname (Last Name)  
CHEN

3. Date  
04-April-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Jing YANG

5. Manuscript Title  
Effect of immunotherapy on patients with unexplained recurrent spontaneous abortion

6. Manuscript Identifying Number (if you know it)  
APM-19-440B

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Are there any relevant conflicts of interest?  
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Dr. CHEN has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Bowen
2. Surname (Last Name)  LIU
3. Date  04-April-2020
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Jing YANG
5. Manuscript Title  Effect of immunotherapy on patients with unexplained recurrent spontaneous abortion

6. Manuscript Identifying Number (if you know it)  APM-19-440B

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<td>2. Surname (Last Name)</td>
<td>ZHANG</td>
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<tr>
<td>3. Date</td>
<td>04-April-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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1. **Given Name (First Name)**
   Liangfei

2. **Surname (Last Name)**
   AO

3. **Date**
   04-April-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   
   **Corresponding Author’s Name**
   Jing YANG

5. **Manuscript Title**
   Effect of immunotherapy on patients with unexplained recurrent spontaneous abortion

6. **Manuscript Identifying Number (if you know it)**
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2. **Surname (Last Name)**  
   LI

3. **Date**  
   04-April-2020

4. **Are you the corresponding author?**  
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1. Given Name (First Name)  
   Bin

2. Surname (Last Name)  
   QU

3. Date  
   04-April-2020

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Jing YANG

5. Manuscript Title  
   Effect of immunotherapy on patients with unexplained recurrent spontaneous abortion

6. Manuscript Identifying Number (if you know it)  
   APM-19-440B

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2. Surname (Last Name)  
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3. Date  
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1. Given Name (First Name)  Jing
2. Surname (Last Name)  YANG
3. Date  06-April-2020
4. Are you the corresponding author?  ✔ Yes  No

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