

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) IOANNIS	2. Surname (Last Name) ILIAS	3. Date 15-January-2021
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title POLYCYSTIC OVARY SYNDROME: PATHWAYS AND MECHANISMS FOR POSSIBLE INCREASED SUSCEPTIBILITY TO COVID-19		
6. Manuscript Identifying Number (if you know it) 61784		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. ILIAS has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name) SPYRIDON	2. Surname (Last Name) GOULAS	3. Date 15-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name IOANNIS ILIAS
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Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
LINA	ZABULIENE	15-January-2021
4. Are you the corresponding author?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name
		IOANNIS ILIAS
5. Manuscript Title		
POLYCYSTIC OVARY SYNDROME: PATHWAYS AND MECHANISMS FOR POSSIBLE INCREASED SUSCEPTIBILITY TO COVID-19		
6. Manuscript Identifying Number (if you know it)		
61784		

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Dr. ZABULIENE has nothing to disclose.

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