ICMJE DISCLOSURE FORM

	Your Name: PROF	GIRIJA WA	HUH.
	Manuscript Title: Conventiona	al and sustained release	
	threatened miscarriage, prete Manuscript number (if known		gnancy: a review.
	The state of the s	1	
-	parties whose interests may h	be affected by the content	ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
			hips/activities/interests as they relate to the current
	The author's relationships/act to the epidemiology of hypert medication, even if that medi	tension, volushould docine	e <u>defined broadly</u> . For example, if your manuscript perta- re all relationships with manufacturers of antihypertensive the manuscript.
1		pport for the work report	ed in this manuscript without time limit. For all other ite
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
	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	
		Time frame: pas	st 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
	Royalties or licenses	None	
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5	Payment of the	
	Payment of honoraria for lectures, presentations, speakers bureaus,	None
	manuscript writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Datasta	
0	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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 place an "X" next to the following statement to indicate your agreement:

___ 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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	1	ICMJE DISCLOSURE FORM	
Date:	24/6/21		
Your Name:	K. M.	K (NJ) A V	phase support
Manuscript Tit	le: Conventional and su	KUNDAVI Ustained-release oral natural micronised progesterone in luteal progesterone in lu	
threatened mis	carriage, preterm birth,	, and high-risk pregnancy: a review.	
Manuscript nu	mber (if known):		*

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
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	
		Time frame: past	36 months
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4	Consulting fees	<u>None</u>	

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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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13	services Other financial or non- financial interests	None	

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K.M. Junelon

Dr.K.M.Kundavi, pgo. DNB. MNAMS Head of the Dept., & Senior Consultant Institute of Reproductive Medicine & Women's Health

Madras Medical Mission, Chennai

ICMJE DISCLOSURE FORM

Date:			
Your Name:	DR	Sumitra	Bachani
Manuscript Titl	e: Conver	ntional and susta	ined-release oral natural micronised progesterone in luteal phase suppor
			nd high-risk pregnancy: a review.
Manuscript nur			

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總施		Time frame: past	36 months
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4	Consulting fees	None	

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Other financial or non- financial interests	None	
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द्वार समित्रा बवानी / Dr. Sumitra Bachani द्वार समित्रा ववानी / Dr. Sumitra Bachani विशेषज्ञ एवं पर्ट- आवार्य विशेषज्ञ एवं पर्ट- आवार्य Specialist & Associate Professor प्रकृति एवं स्त्री प्रेम किस्ता / Obst. & Gynae प्रकृति एवं स्त्री प्रेम किस्ता अस्पताल, ना