

# ICMJE DISCLOSURE FORM

**Date:** 10/5/2021

**Your Name:** Chiara Dellagiovanna

**Manuscript Title:** Satisfaction and usability of the prefilled pen of recombinant chorionic gonadotropin: a survey in Italy

**Manuscript Number (if known):** Click or tap here to enter text.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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**Date:** 10/5/2021

**Your Name:** Laura Mensi

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**Your Name:** Luca Di Gesaro

**Manuscript Title:** Satisfaction and usability of the prefilled pen of recombinant chorionic gonadotropin: a survey in Italy

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**Date:** 10/5/2021

**Your Name:** Irene la Vecchia

**Manuscript Title:** Satisfaction and usability of the prefilled pen of recombinant chorionic gonadotropin: a survey in Italy

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**Date:** 10/5/2021

**Your Name:** Marco Reschini

**Manuscript Title:** Satisfaction and usability of the prefilled pen of recombinant chorionic gonadotropin: a survey in Italy

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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.