

## ICMJE DISCLOSURE FORM

Date: 2024.9.28  
 Your Name: Tao Lu  
 Manuscript Title: Does placental location matter in placenta accreta spectrum disorders?  
 Manuscript number (if known): QIMS-24-443-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None | None |
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**Please summarize the above conflict of interest in the following box:**

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| None |
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**Please place an "X" next to the following statement to indicate your agreement:**

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 Manuscript Title: Does placental location matter in placenta accreta spectrum disorders?  
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 Your Name: Mou Li  
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