Materials Design Analysis Reporting (MDAR) Checklist for Authors

The MDAR framework establishes a minimum set of requirements in transparent reporting applicable to studies in the life sciences (see Statement of Task: doi:10.31222/osf.io/9sm4x.). The MDAR checklist is a tool for authors, editors and others seeking to adopt the MDAR framework for transparent reporting in manuscripts and other outputs. Please refer to the MDAR Elaboration Document for additional context for the MDAR framework.

Materials

Antibodies	Yes (indicate where provided: section/paragraph)	n/a
For commercial reagents, provide supplier name, catalogue number and RRID, if available.		✓

Cell materials	Yes (indicate where provided: section/paragraph)	n/a
Cell lines: Provide species information, strain. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID		✓
Primary cultures: Provide species, strain, sex of origin, genetic modification status.		✓

Experimental animals	Yes (indicate where provided: section/paragraph)	n/a
Laboratory animals: Provide species, strain, sex, age, genetic modification status. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID		✓
Animal observed in or captured from the field: Provide species, sex and age where possible		✓
Model organisms: Provide Accession number in repository (where relevant) **OR** RRID		✓

Plants and microbes	Yes (indicate where provided: section/paragraph)	n/a
Plants: provide species and strain, unique accession number if available, and source (including location for collected wild specimens)		✓
Microbes: provide species and strain, unique accession number if available, and source		✓

Human research participants	Yes (indicate where provided: section/paragraph)	n/a
Identify authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	This study was conducted in accordance with the Declaration of Helsinki. The study was approved by the Medical Ethics Committees at the Zhujiang Hospital of Southern Medical University (NO.2019-KY-077-01) and informed consent was taken from all the patients.	
Provide statement confirming informed consent obtained from study participants.	All participants completed written consent.	
Report on age and sex for all study participants.	All study participants were female， and in the 23-46 age range.	

Design

Study protocol	Yes (indicate where provided: section/paragraph)	n/a
For clinical trials, provide the trial registration number **OR** cite DOI in manuscript.		✓

Laboratory protocol	Yes (indicate where provided: section/paragraph)	n/a
Provide DOI or other citation details if detailed step-by-step protocols are available.		✓

Experimental study design (statistics details)	Yes (indicate where provided: section/paragraph)	n/a
State whether and how the following have been done**, or** if they were not carried out.	Further follow-up was completed via outpatient visit and telephone contact every three months for at least six months.	
Sample size determination	Previous studies on endometrial flora showed that the total sample size ranged from 10 to 110 cases, and the sample size fluctuated between 4 and 79 cases per group. Thus, our sample size is consistent with previous reports, but a statistics-based sample size is more rigorous and persuasive.	
Randomisation		✓
Blinding		✓
Inclusion/exclusion criteria	Subjects eligible for Group IUA met the following criterion: diagnostic hysteroscopy confirmed the presence of adhesions in the intrauterine cavity. The inclusion criteria in Group C were the following: hysteroscopy and subsequent endometrial pathology excluded the lesions in the intrauterine cavity. The exclusive criteria of all participants were: women who had taken antibiotics within three weeks preoperation, other intrauterine lesions such as endometrial polyps, submucosal myoma, endometrial cancer and endometrial hyperplasia, coagulopathy, vaginitis and acute pelvic inflammatory disease.	

Sample definition and in-laboratory replication	Yes (indicate where provided: section/paragraph)	n/a
State number of times the experiment was replicated in laboratory		✓
Define whether data describe technical or biological replicates		✓

Ethics	Yes (indicate where provided: section/paragraph)	n/a
Studies involving human participants: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.	This study was conducted in accordance with the Declaration of Helsinki. The study was approved by the Medical Ethics Committees at the Zhujiang Hospital of Southern Medical University (NO.2019-KY-077-01) and informed consent was taken from all the patients.	
Studies involving experimental animals: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		✓
Studies involving specimen and field samples: State if relevant permits obtained, provide details of authority approving study; if none were required, explain why.	This study was conducted in accordance with the Declaration of Helsinki. The study was approved by the Medical Ethics Committees at the Zhujiang Hospital of Southern Medical University (NO.2019-KY-077-01) and informed consent was taken from all the patients.	

Dual Use Research of Concern (DURC)	Yes (indicate where provided: section/paragraph)	n/a
If study is subject to dual use research of concern, state the authority granting approval and reference number for the regulatory approval		✓

Analysis

Attrition	Yes (indicate where provided: section/paragraph)	n/a
State if sample or data point from the analysis is excluded, and whether the criteria for exclusion were determined and specified in advance.		✓

Statistics	Yes (indicate where provided: section/paragraph)	n/a
Describe statistical tests used and justify choice of tests.	Statistical analysis was performed with Statistical Product and Service Solutions (SPSS) (version 20.0). Data normality was tested with the Kolmogorov-Smirnov test. Homogeneity of variance was detected with the Levene test. Data were presented as means ± standard deviations. Data were compared by the Mann-Whitney test or the Kruskal-Wallis analysis of variance on ranks, followed by Dunn's tests to adjust for multiple comparisons as appropriate. The statistical significance was set at two-side $P < 0.05$.	

Data Availability	Yes (indicate where provided: section/paragraph)	n/a
State whether newly created datasets are available, including protocols for access or restriction on access.	Patient demographics and perioperative data were collected from electronic patient record systems.	
If data are publicly available, provide accession number in repository or DOI or URL.		✓
If publicly available data are reused, provide accession number in repository or DOI or URL, where possible.		✓

Code Availability	Yes (indicate where provided: section/paragraph)	n/a
For all newly generated code and software essential for replicating the main findings of the study:		✓
State whether the code or software is available.		✓
If code is publicly available, provide accession number in repository, or DOI or URL.		✓

Reporting

Adherence to community standards	Yes (indicate where provided: section/paragraph)	n/a
MDAR framework recommends adoption of discipline-specific guidelines, established and endorsed through community initiatives. Journals have their own policy about requiring specific guidelines and recommendations to complement MDAR.	Yes	
State if relevant guidelines (eg., ICMJE, MIBBI, ARRIVE) have been followed, and whether a checklist (eg., CONSORT, PRISMA, ARRIVE) is provided with the manuscript.	ICMJE guidelines were followed, as the journal follows ICMJE recommendations for publication.	

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