

ICMJE DISCLOSURE FORM

Date: 2022/12/14
 Your Name: Ling Chen
 Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review
 Manuscript number (if known): _____

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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Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

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Date: 2022/12/14

Your Name: Ye Lu

Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review

Manuscript number (if known): _____

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Date: 2022/12/14
 Your Name: Yi-Fan Zhou
 Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/12/14
 Your Name: Yang Wang
 Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/12/14
 Your Name: Hai-Feng Zhan
 Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review
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ICMJE DISCLOSURE FORM

Date: 2022/12/14
 Your Name: Yu-Ting Zhao
 Manuscript Title: The effect of weight loss-related amenorrhea on women’s health and the therapeutic approaches: a narrative review
 Manuscript number (if known): _____

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Date: 2022/12/14
 Your Name: Fei-Fei Zhang
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