

ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Dr. Arun Madhab Boruah

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine bleeding: A review


Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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 initial 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.	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
4	Consulting fees	<input checked="" type="checkbox"/> None


Dr. Arun Madhab Boruah
 MD, Ph.D, FICOG, FICMCH, FICRM
 Regd. No. - 9432 (AMC)

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<p style="text-align: center;">None</p> <p>Gynaset – CR 10 from Mankind Pharma Ltd</p>						
13	Other financial or non-financial interests	<p><input checked="" type="checkbox"/> None</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						

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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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01 03 24
Dr. Arun Madhab Boruah
 MD, Ph.D, FICOG, FICMCH, FICRM
 Regd No.: 9432 (AMC)

ICMJE DISCLOSURE FORM

Date: 2/20/2024

Your Name: Dr. DIBYENDU BANERJEE

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine

Manuscript Number (if known): NILL

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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12/13/2021



DR. DIBYENDU BANERJEE
 MBBS, DGO, MD, DNB
 CONSULTANT GYNAECOLOGIST
 Regd. No. 46475 of WBMC

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	



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ICMJE DISCLOSURE FORM

Date: 1/22/2024

Your Name: FARENDRA BHARDWAJ

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine

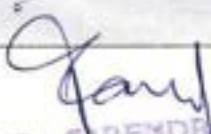
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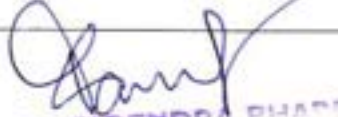
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DR. FARENDRA BHARDWAJ
 MBBS, MS, DNB (Obst. & Gynaec) FRCGS
 Assistant Professor, Dept. of Obstetrics & Gynaecology
 Mahatma Gandhi Medical College & Hospital
 Sitapura, Jaipur-302022
 RMC Reg. No. 32222

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
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Dr. FARENDRA BHADWAJ
 M.D., D.M., D.C.P.
 Dept. of Obst. & Gynae
 Udachi Medical College & Hospital
 Sitapura, Jaipur-302022
 RMC Reg. No. 32222

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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 MBBS, MS, DNB (Obst. & Gynae) FRCGS
 Assistant Professor, Dept. of Obst. & Gynae
 Mahatma Gandhi Medical College & Hospital
 Sitapura, Jaipur-302022
 GMC Reg. No. 32222

ICMJE DISCLOSURE FORM

Date: 1/23/2024

Your Name: SUBASH MALLYA

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine

Manuscript Number (if known): NILL

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Dr. SUBASH MALLYA, K

 DGO, SMU, SMASIS, Diploma in Gynec Endoscopy (Germany)
 PGDMLS (Post Graduate Diploma in Medical Legal System)
 Consultant Gynecologist & Laparoscopic Surgeon
 Reg No: 57735

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
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Dr. SUBASH MALLYA, K
DGO, DVM, MS, Diploma in Gynec Endoscopy (Germany)
PGDE (Graduate Diploma in Medical Legal System)
Gynecologist & Laparoscopic Surgeon
Reg No: 57735

	equipment, materials, drugs, medical writing, gifts or other services							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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 DGO, DNB, MNAIES, Diplomata in Gynec. Endoscopy (Germany)
 PGDMLS (Post Graduate Diploma in Medical Legal System)
 Consultant Gynaecologist & Laparoscopic Surgeon
 Reg. No. 57735

ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Dr. Rajat Singal

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine bleeding: A review

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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9 Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="384 1534 1493 1635"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Rajat Singal

ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Dr. Sugandha Sharma

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine bleeding: A review

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Dr. Ashutosh Gautam

Manuscript Title: Effect of norethisterone dose and duration in the management of abnormal uterine bleeding: A review

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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 initial 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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 344 938 479"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 562 938 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 898 938 999"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1111 938 1211"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1323 938 1424"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1536 938 1637"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1727 938 1827"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Abel Sum

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