## ICMJE DISCLOSURE FORM

Date:	25. February 2021
Your Name:	Anja Pinborg

Manuscript Title: In vitro fertilisation (IVF) versus intracytoplasmic sperm injection (ICSI) in patients without severe male factor infertility: study protocol for the randomised, controlled, multicentre trial INVICSI

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	_XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						
	Time frame: past 36 months						
2	2 Grants or contracts from any entity (if not indicated	None					
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3	Royalties or licenses	_XNone					

4	Consulting fees	None	
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5	Payment or honoraria for	None	
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6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	None	
	meetings und/or traver	Gedeon Richter	Payment to institution
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data	None	
	Safety Monitoring Board or	Gedeon Richter	Payment to me
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10	Leadership or fiduciary role	_XNone	
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11	Stock or stock options	X None	
11	Stock of Stock options	XNOTIC	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	_XNone	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.