

ICMJE DISCLOSURE FORM

Date: 2021.3.3
 Your Name: You Fu
 Manuscript Title: Clinical and Histological manifestations of 17 cases of minor salivary glands sialadenitis
 Manuscript number (if known): FMM-20-87

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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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date: 2021.3.2

Your Name: Dafe Zhang

Manuscript Title: Clinical and histopathological manifestations of 17 cases of minor salivary glands sialolipiasis

Manuscript number (if known): FORM-20-17

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ICMJE DISCLOSURE FORM

Date: 2021.3.2

Your Name: Lizhen Wang

Manuscript Title: Clinical and Histological manifestations of 17 cases of minor salivary glands sialolithiasis

Manuscript number (if known): FOMM-20-87

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ICMJE DISCLOSURE FORM

Date: 2-21-3-3
 Your Name: Chao Ji Shi
 Manuscript Title: Clinical and Histological manifestations of 17 cases of minor salivary glands
 Manuscript number (if known): FO MM-76-87 S: 9/10/19/2015

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ICMJE DISCLOSURE FORM

Date: 2021.3.1

Your Name: Shengming Xu

Manuscript Title: Clinical and Histological manifestations of 17 cases of minor salivary glands

Manuscript number (if known): FOMM-20-87

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ICMJE DISCLOSURE FORM

Date: 2021.3.3

Your Name: Shanghui Zhou

Manuscript Title: Clinical and Histological manifestations of 17 cases of minor salivary

Manuscript number (if known): 2021-2087 glands sialolithiasis

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