Date: 2021.3.5									
our Name: You	i Fu								
Manuscript Title: 0	inical and	Histological	manifestations	of	17	cases	of minor	salivary	alands
Manuscript number (i		Form - 20-						0	giala

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>.

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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)
ட		Time frame: Since the initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations,	None	
	rectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	1	
6	Payment for expert	None	
	testimony		
7	Support for attending	1 / 11	
'	meetings and/or travel	None	
	meetings and or traver		
8	Patents planned, issued or	√ None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	,	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		,	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
_	Other financial or non-	None	
	financial interests		
1			

None	

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

Date: 2021.3.2						
Your Name: Dake Thong						
Manuscript Title: Clinical and	histopathological	manifestations	of 17 cases	ot minor	calivany gland	k sialolithiasis
Manuscript number (if known):_	FOMM-20-17	,	3	9		

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3	Royalties or licenses	None	
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5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
0	Data da la constitución de la co	
8	Patents planned, issued or pending	<u>✓</u> None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	<u>✓ None</u>
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	<u>✓_</u> None
	D 11 f - 1	✓ None
12	Receipt of equipment, materials, drugs, medical	None
	writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	
1		

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:

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

Date: 2021. 3.2
Your Name: Lizhen Wang
Manuscript Title: ainical and Histological manifestations of 17 cases of minor salivary glands sial of thiasis
Manuscript number (if known): FÖMM-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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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√ None	
0	testimony		
	testimony		
7	Support for attending	√ None	
'	meetings and/or travel	<u></u>	
	meetings and/or traver		
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8	Patents planned, issued or	<u>√</u> None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>√</u> None	
	financial interests		

None			

1 certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 2021.3.3			
Your Name: (hao li Shi			
Manuscript Title: (finital and Histological	manifes to tions of	1) could st	miles solimmeded
Manuscript number (if known): Fo MM -20 -8	7	1 (2)	
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		Time frame: pa	st 36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

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	lectures, presentations,	J	
	speakers bureaus,		
	manuscript writing or		
	educational events	/	
5	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	<u>O None</u>	
8	Patents planned, issued or	None	
	pending		
		,	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	<u>U</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	- None	
		The state of the s	

None.	

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

Date: 2021. 3. 1		
Your Name: Shengming Xu.	. // .	-1- de
Manuscript Title: Clinical and Histological manifestations of 17 cases of	mmor caliving	James
Manuscript number (if known): LOM-20-8)		_

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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	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony	TVOILE	
	testimony		
	S	None	
	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<u> </u>	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u> </u>	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>✓ None</u>	
	financial interests		Marie Control of the

None			

I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 2011.3.3	1 0	0		
Your Name:	Shanghui	Zhou.		
Manuscript Title: Winical a Manuscript number (if known):	nd Hiscological	manifestations	s of 17 cases of mi	non salivary
Manuscript number (if known):_	Poul -20-87	U	glands	stablithiasts
	'		V	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
	THE PERSON NAMED IN		

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	✓ None
6	Payment for expert testimony	
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
		1
9	Participation on a Data	None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	✓ None
10	in other board, society,	<u> </u>
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
-		/ Non-
12	Receipt of equipment, materials, drugs, medical	None
	writing, gifts or other	
	services	
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None.			

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