ICMJE DISCLOSURE FORM

Date: __________ 2021/3/24

Your Name: __________ Junyan Jing

Manuscript Title: Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair

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 current manuscript only.

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.

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** | _X_ None                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                          |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                          |
| 4 | Consulting fees                                                                               | _X_ None                                                                          |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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Date:__________2021/3/24__________
Your Name:__________Xiaoxuan Chen__________________________
Manuscript Title: __ Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
Manuscript number (if known): ______________________________________________________

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Date: ________2021/3/24__________________________________________
Your Name: ________Bing Shi ______________________________________
Manuscript Title: __ Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
Manuscript number (if known): ______________________________________

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Date:________2021/3/24_________________________________________________________________
Your Name:__________Yufeng Wang ______________________________________________________
Manuscript Title:__Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
Manuscript number (if known):__________________________________________________________________

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Date:__________2021/3/24______________________________________________
Your Name:__________ Yongbin Mou ______________________________________
Manuscript Title:__ Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
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