ICMJE DISCLOSURE FORM

Date: Jul. 1st, 2021
Your Name: Liang Xia
Manuscript Title: Juvenile hyaline fibromatosis: a rare oral disease and literature review
Manuscript number (if known): TP-21-169-R1

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

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   | 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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None

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Date: Jul. 1st, 2021
Your Name: Yuhua Hu
Manuscript Title: Juvenile hyaline fibromatosis: a rare oral disease and literature review
Manuscript number (if known): TP-21-169-R1

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|   | **No time limit for this item.** |                                                                                   |
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| 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
| Question                                                                 | Answer |
|-------------------------------------------------------------------------|--------|
| Payment or honoraria for lectures, presentations, speakers bureaus,     | _X_ None |
| manuscript writing or educational events                                |        |
| Payment for expert testimony                                            | _X_ None |
| Support for attending meetings and/or travel                            | _X_ None |
| Patents planned, issued or pending                                      | _X_ None |
| Participation on a Data Safety Monitoring Board or Advisory Board       | _X_ None |
| Leadership or fiduciary role in other board, society, committee or     | _X_ None |
| advocacy group, paid or unpaid                                          |        |
| Stock or stock options                                                  | _X_ None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other  | _X_ None |
| services                                                                |        |
| Other financial or non-financial interests                               | _X_ None |

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Date: Jul. 1st, 2021
Your Name: Chunye Zhang
Manuscript Title: Juvenile hyaline fibromatosis: a rare oral disease and literature review
Manuscript number (if known): TP-21-169-R1

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Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Agreement | Note |
|---|-----------------------------------------------------------------------------|-----------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None  |      |
| 6 | Payment for expert testimony                                               | _X_ None  |      |
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Manuscript Title: **Juvenile hyaline fibromatosis: a rare oral disease and literature review**

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|   | **No time limit for this item.**                                                             |
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|   | _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                                                                          |
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| 13| Other financial or non-financial interests                                                        | _X_ None |

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## ICMJE DISCLOSURE FORM

**Date:** Jul. 1st, 2021  
**Your Name:** Yang Chen  
**Manuscript Title:** Juvenile hyaline fibromatosis: a rare oral disease and literature review  
**Manuscript number (if known):** TP-21-169-R1

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| 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                                                                          |
|   | 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 |
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