ICMJE DISCLOSURE FORM

Date:________April 18th, 2021____________________________________________________________
Your Name: Xiang Wu______________________________________________________________
Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma ______________________________________________________________
Manuscript number (if known): ATM-21-631____________________________________________________

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.

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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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None |
|   | No time limit for this item.                                                                     |                                                                                   |
|   | Time frame: Since the initial planning of the work                                                   |                                                                                   |
| 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: past 36 months                                                                        |                                                                                   |
|   |                                                                                           |   |
|---|-------------------------------------------------------------------------------------------|---|
| 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 |

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:

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

Date:_______April.18th, 2021________________________________________________________
Your Name:___Yuan Yao__________________________________________________________
Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma __________________________________________________________
Manuscript number (if known):____ATM-21-631________________________________________

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|   | No time limit for this item.                      | _X_ None |

Specifications/Comments (e.g., if payments were made to you or to your institution):

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
|   | **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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ICMJE DISCLOSURE FORM

Date:_______April.18th, 2021__________________________
Your Name:___Yibin Dai______________________________________
Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma ____________________________________________
Manuscript number (if known):____ATM-21-631__________________________________________________________

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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 |

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| 7 | Support for attending meetings and/or travel                                                       | __X__None |
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Date:_______April.18\textsuperscript{th},_2021___________________________________________________________________________
Your Name: _ Pengfei Diao____________________________________________________________________________
Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma __________________________________________________________
Manuscript number (if known): ____ATM-21-631______________________________________________________________

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|      | No time limit for this item.                                                                  |                                                                                   |
| 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 |

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Time frame: past 36 months
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|---|-------------------------------------------------------------------------------------------------|-----------|
| 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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ICMJE DISCLOSURE FORM

Date: April 18th, 2021

Your Name: Yuchao Zhang

Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma

Manuscript number (if known): ATM-21-631

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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None                                                                           |
|      | **No time limit for this item.**                                                             |                                                                                  |
| 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                                                                           |
|   | 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 |
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|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: _______April.18th, 2021___________________________

Your Name: Ping Zhang ________________________________

Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma ________________________________________________________________

Manuscript number (if known): ATM-21-631 _____________________________________________________________________________________

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |                                                                                                           |     |
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| 6 | Payment for expert testimony                                                                             | X None |
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| 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: ______April.18 th, 2021______________________________________________________________

Your Name: ______Sheng Li ______________________________________________________________

Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma ________________________________________________________________

Manuscript number (if known): ______ATM-21-631________________________________________

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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 |
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| 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:_______April.18th, 2021______________________________

Your Name: Hongbing Jiang ________________________________

Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma __________________________________________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Time frame: past 36 months | |


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

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Date: April 18th, 2021

Your Name: Jie Cheng

Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma

Manuscript number (if known): ATM-21-631

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_None |
|   | manuscript writing or educational events                                    |        |
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| 7 | Support for attending meetings and/or travel                                | _X_None |
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|   | services                                                                     |        |
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