ICMJE DISCLOSURE FORM

Date: 2021/9/19
Your Name: Ying Han
Manuscript Title: A novel defined hypoxia-related gene signature to predict the prognosis of oral squamous cell carcinoma
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.

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| Item | Description | Time frame: Since the initial planning of the work | 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._ |  |  |
| 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 |  |
|   |   |   |
|---|---|---|
| 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:

The author has no conflicts of interest to declare.

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: 2021/9/19
Your Name: Xiaomeng Wang
Manuscript Title: A novel defined hypoxia-related gene signature to predict the prognosis of oral squamous cell carcinoma
Manuscript number (if known):

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Date: 2021/9/19
Your Name: Kun Xia
Manuscript Title: A novel defined hypoxia-related gene signature to predict the prognosis of oral squamous cell carcinoma
Manuscript number (if known):

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Date: 2021/9/19
Your Name: Tong Su
Manuscript Title: A novel defined hypoxia-related gene signature to predict the prognosis of oral squamous cell carcinoma
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