

ICMJE DISCLOSURE FORM

Date: June. 22th, 2022
 Your Name: Koki Umemori
 Manuscript Title: Lip Pleomorphic Adenomas: Case Series Study and A Literature Review
 Manuscript number (if known): GS-22-308

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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Date: June. 22th, 2022
 Your Name: Kisho Ono
 Manuscript Title: Lip Pleomorphic Adenomas: Case Series Study and A Literature Review
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ICMJE DISCLOSURE FORM

Date: June. 22th, 2022
 Your Name: Hideka Kanemoto
 Manuscript Title: Lip Pleomorphic Adenomas: Case Series Study and A Literature Review
 Manuscript number (if known): GS-22-308

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Date: June. 22th, 2022
 Your Name: Kyoichi Obata
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Date: June. 22th, 2022
 Your Name: Hotaka Kawai
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Date: June. 22th, 2022
 Your Name: Tomoya Nakamura
 Manuscript Title: Lip Pleomorphic Adenomas: Case Series Study and A Literature Review
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Date: June. 22th, 2022
 Your Name: Keisuke Nakano
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Date: June. 22th, 2022
 Your Name: Soichiro Ibaragi
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Date: June. 22th, 2022
 Your Name: Hitoshi Nagatsuka
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Date: June. 22th, 2022
 Your Name: Akira Sasaki
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