

ICMJE DISCLOSURE FORM

Date: 05-09-2021

Your Name: Daniel Shen

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

Manuscript number (if known): GS-21-143-CL

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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ICMJE DISCLOSURE FORM

Date: 05-09-2021

Your Name Kisho Ono

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

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Date: 05-09-2021

Your Name: Quang Do

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

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Date: 05-09-2021

Your Name: Hiroe Ohyama

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

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Date: 05-09-2021

Your Name: Ken Nakamura

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

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Date: 05-09-2021

Your Name: Kyoichi Obata

Manuscript Title: Clinical Anatomy of the Inferior Labial Gland: A Narrative Review

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Your Name: Soichiro Ibaragi

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Your Name: Koichi Watanabe

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Date: 05-09-2021

Your Name: R. Shane Tubbs

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