

ICMJE DISCLOSURE FORM

Date: July 19th, 2022
 Your Name: Bicong Gao
 Manuscript Title: Visualized analysis of hotspots and frontiers in diabetes-associated periodontal disease research: A bibliometric study
 Manuscript number (if known): ATM-22-2443

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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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)
Time frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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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:

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

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Date: July 19th, 2022
 Your Name: Jinyun Wu
 Manuscript Title: Visualized analysis of hotspots and frontiers in diabetes-associated periodontal disease research: A bibliometric study
 Manuscript number (if known): ATM-22-2443

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ICMJE DISCLOSURE FORM

Date: July 19th, 2022
 Your Name: Kejia Lv
 Manuscript Title: Visualized analysis of hotspots and frontiers in diabetes-associated periodontal disease research: A bibliometric study
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ICMJE DISCLOSURE FORM

Date: July 19th, 2022
 Your Name: Chenlu Shen
 Manuscript Title: Visualized analysis of hotspots and frontiers in diabetes-associated periodontal disease research: A bibliometric study
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Date: July 19th, 2022
 Your Name: Hua Yao
 Manuscript Title: Visualized analysis of hotspots and frontiers in diabetes-associated periodontal disease research: A bibliometric study
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The author received Medical and Health Science and Technology Program of Zhejiang Province [2021PY007] for this study.

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