Date:	_2021 /3/24
Your Name:	Junyan Jing
Manuscript Ti	itle: Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
Manuscript n	umber (if known):
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

Payment or honoraria for lectures, presentations,	X None	
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	X None	
testimony		
Support for attending	X None	
meetings and/or travel	XNone	
Patents planned, issued or	_ X None	
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Participation on a Data	V None	
Participation on a Data Safety Monitoring Board or	X None	
Advisory Board		
0 Leadership or fiduciary role	X None	
in other board, society,		
committee or advocacy		
group, paid or unpaid Stock or stock options	X None	
1 Stock of Stock options	XNone	
Receipt of equipment,	_ X None	
materials, drugs, medical		
writing, gifts or other services		
3 Other financial or non-	X None	
financial interests		
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Please summarize the above	conflict of interest in the fo	llowing box:
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Date:2	021/3/24
Your Name:	Xiaoxuan Chen
Manuscript Title	: Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
Manuscript num	ber (if known):
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3	Royalties or licenses	XNone	
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5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Cupport for attending	V Name	
,	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_ XNone	
	writing, gifts or other services		
13	Other financial or non-	_ X None	
	financial interests		
	ase summarize the above co	onflict of interest in the fol	lowing box:

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Date:	_2021 /3/24
Your Name:	Bing Shi
Manuscript Tit	le: Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
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4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	X None	
	testimony	XNone	
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	Support for attending meetings and/or travel	X None	
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	Patents planned, issued or	X None	
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	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
)	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	Y	
1	Stock or stock options	X None	
2	Receipt of equipment,	X None	
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3	Other financial or non-	X None	
,	financial interests	X None	
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Date:2	2021 /3/24
Your Name:	Yufeng Wang
Manuscript Title	e: Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
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Support for attending	X None	
meetings and/or travel	XNone	
Patents planned, issued or	_ X None	
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0 Leadership or fiduciary role	X None	
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group, paid or unpaid Stock or stock options	X None	
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Receipt of equipment,	_ X None	
materials, drugs, medical		
writing, gifts or other services		
3 Other financial or non-	X None	
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Date: 20	21 /3/24
	Yongbin Mou
	Preoperative analysis of upper lip in patients with upper cleft lip/palate before lip repair
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The following que manuscript only.	estions apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiolo	cionships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains be only of hypertension, you should declare all relationships with manufacturers of antihypertensive if that medication is not mentioned in the manuscript.
In item #1 below.	report all support for the work reported in this manuscript without time limit. For all other items

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	All	I	planning of the work
1	All support for the present	X None	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
	any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
,	Royalties of ficerises	XNone	
4	Consulting fees	X None	
7	Consuming rees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	_ XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
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Your Name:	Yong Lu
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