

## ICMJJE DISCLOSURE FORM

Date: Apr. 15<sup>th</sup>, 2021

Your Name: Kang Gao

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

Manuscript number (if known): ATM-21-726

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input 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:**

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

## ICMJJE DISCLOSURE FORM

Date: Apr. 16<sup>th</sup>, 2021

Your Name: Yiping Dou

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

Manuscript number (if known): ATM-21-726

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## ICMJJE DISCLOSURE FORM

Date: Apr. 17<sup>th</sup>, 2021

Your Name: Menghao Lv

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

Manuscript number (if known): ATM-21-726

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## ICMJJE DISCLOSURE FORM

Date: Apr. 18<sup>th</sup>, 2021

Your Name: Yihui Zhu

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

Manuscript number (if known): ATM-21-726

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## ICMJJE DISCLOSURE FORM

Date: Apr. 19<sup>th</sup>, 2021

Your Name: Sitong Hu

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

Manuscript number (if known): ATM-21-726

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## ICMJJE DISCLOSURE FORM

Date: Apr. 20<sup>th</sup>, 2021

Your Name: Pan Ma

Manuscript Title: Research Hotspots and Trends of MicroRNA in Periodontology and Dental Implantology: a Bibliometric Analysis

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