

## ICMJE DISCLOSURE FORM

Date: April.18<sup>th</sup>, 2021  
 Your Name: Xiang Wu  
 Manuscript Title: Identification of diagnostic and prognostic signatures derived from preoperative blood parameters for oral squamous cell carcinoma  
 Manuscript number (if known): ATM-21-631

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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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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## ICMJE DISCLOSURE FORM

Date: April.18<sup>th</sup>, 2021  
 Your Name: Yuan Yao  
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Date: April.18<sup>th</sup>, 2021  
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Date: April.18<sup>th</sup>, 2021

Your Name: Pengfei Diao

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Date: April.18<sup>th</sup>, 2021  
 Your Name: Yuchao Zhang  
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Your Name: Ping Zhang

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

Your Name: Hongbing Jiang

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

Your Name: Jie Cheng

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