Date:2022.05.23	
Your Name: Xiaoyi Zang Your Name: Xiaoyi Zang	
Manuscript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution as	
adjuvant: case report	
Manuscript number (if known):	

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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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Pauki dia akiana ang a Daka	V. Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	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	XNone	
42		V N	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date:	2022.05.23
Your Na	nme:Funeng Geng
Manus	cript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution as adjuvant
case re	port
Manus	cript number (if known):

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	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date:	_2022.05.23
Your Nan	ne:Panpan Meng
Manuscr	ipt Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution as adjuvant
case rep	ort
Manuscr	ipt number (if known):

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	lectures, presentations,		
	speakers bureaus, manuscript writing or		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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12	Receipt of equipment, materials, drugs, medical	_XNone	
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	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date:	_2022.05.23
Your Na	me:Lingling E
Manusci	ript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution as adjuvant
case rep	ort
Manusci	ript number (if known):

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1	All support for the present	XNone	
	manuscript (e.g., funding,		
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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
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2	Charles an acceptance to force	Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	
_	Consulting for	V None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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	pending		
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10	Leadership or fiduciary role	X None	
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	committee or advocacy		
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12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date:2022.05.23
Your Name:Haizhong Zhang
Manuscript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution as
adjuvant: case report
Manuscript number (if known):

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	educational events		
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7	Support for attending meetings and/or travel	XNone	
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	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date: 2022.05.23	
Your Name:Wenjuan Du	
Manuscript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin solution a	as adjuvant:
case report	-
Manuscript number (if known):	

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	speakers bureaus, manuscript writing or		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
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42		V N	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date: 2022.05.23	
Your Name:Xinling Wang	
Manuscript Title:Clinical observation of allergic contact stomatitis treated with Kangfuxin so	olution as adjuvant:
case report	•
Manuscript number (if known):	

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data Safety Monitoring Board or	XNone	
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10	Leadership or fiduciary role	X None	
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	committee or advocacy		
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11	Stock or stock options	XNone	
42		V N	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date:2022.05.2	23
Your Name:Lin L	<u>i</u>
Manuscript Title:C	inical observation of allergic contact stomatitis treated with Kangfuxin solution: case repor
as adjuvant	
Manuscript numbe	r (if known):

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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

Date: 2022.05.23	
Your Name:Rui Xiao	
Manuscript Title: Clinical observation of allergic contact stomatitis treated with Kangfuxin sol	lution as adjuvant:
case report	•
Manuscript number (if known):	

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9	Participation on a Data Safety Monitoring Board or	XNone			
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10	Leadership or fiduciary role	X None			
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13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
	NOTIC.				