

ICMJE DISCLOSURE FORM

Date: 2022-6-6

Your Name: Jin Li

Manuscript Title: Study on the mechanism of SALL4 down-regulation in promoting the invasion and migration of oral squamous cell carcinoma and influencing the survival and prognosis of patients

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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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) |
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| 4 | Consulting fees | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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Date: 2022-6-6

Your Name: Bin Zhang

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