

ICMJE DISCLOSURE FORM

Date: 2023-07-1
 Your Name: Xuda Ma
 Manuscript Title: Damage evaluation of craniofacial localized scleroderma using magnetic resonance imaging
 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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Date: 2023-07-1
 Your Name: Jiuzuo Huang
 Manuscript Title: Damage evaluation of craniofacial localized scleroderma using magnetic resonance imaging
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023-07-1
 Your Name: Huadan Xue
 Manuscript Title: Damage evaluation of craniofacial localized scleroderma using magnetic resonance imaging
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ICMJE DISCLOSURE FORM

Date: 2023-07-1

Your Name: Hongwei Wang

Manuscript Title: Damage evaluation of craniofacial localized scleroderma using magnetic resonance imaging

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023-07-1

Your Name: Tianjiao Wang

Manuscript Title: Damage evaluation of craniofacial localized scleroderma using magnetic resonance imaging

Manuscript number (if known): _____

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