

ICMJE DISCLOSURE FORM

Date: _____ 2023.6.9 _____

Your Name: _____ Man Qin _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design _____

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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ICMJE DISCLOSURE FORM

Date: _____ 2023.6.9 _____

Your Name: _____ Guanglong Zhou _____

Manuscript Title: _Clinical features of Helveston syndrome and discussion of individualized surgical design_

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: _____ 2023.6.9 _____

Your Name: _____ Liping Xue _____

Manuscript Title: _Clinical features of Helveston syndrome and discussion of individualized surgical design_

Manuscript number (if known): _____

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Date: _____ 2023.6.9 _____

Your Name: _____ Jiarui Liang _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design _____

Manuscript number (if known): _____

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Date: _____ 2023.6.9 _____

Your Name: _____ Li Chen _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design__

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Date: _____ 2023.6.9 _____

Your Name: _____ Qiuyu Zhao _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design __

Manuscript number (if known): _____

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Date: _____ 2023.6.9 _____

Your Name: _____ Yan Wang _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design__

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Date: _____ 2023.6.9 _____

Your Name: _____ Yuan Fang _____

Manuscript Title: Clinical features of Helveston syndrome and discussion of individualized surgical design __

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Date: _____ 2023.6.9 _____

Your Name: _____ Min Hu _____

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