| Date: <u>Jul. 1st, 2021</u> | | | | |
|----------------------------------------|-------------|---------------------------------|---------------------------------|--|
| Your Name: Liang | Xia | | | |
| Manuscript Title: | Juvenile hy | aline fibromatosis: a rare oral | l disease and literature review | |
| Manuscript number (if | known): | TP-21-169-R1 | | |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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| | | 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) |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | planning of the work |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | Time frame: pastXNoneXNone | 36 months |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------|--|
| 6 | Payment for expert testimony | X_None | |
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |
| Please summarize the above conflict of interest in the following box: None | | | |

| Pate: <u>Jul. 1st, 2021</u> | | | | |
|----------------------------------------|-----------------------------------------------------------------------------|--|--|--|
| Your Name: | Yuhua Hu | | | |
| Manuscript Tit | e: Juvenile hyaline fibromatosis: a rare oral disease and literature review | | | |
| Manuscript nu | nber (if known): TP-21-169-R1 | | | |

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| Date: Jul. 1st, | Pate: <u>Jul. 1st, 2021</u> | | | | |
|-----------------|------------------------------------------------------------------------------|--|--|--|--|
| Your Name: _ | Chunye Zhang | | | | |
| Manuscript T | le: Juvenile hyaline fibromatosis: a rare oral disease and literature review | | | | |
| Manuscript n | mber (if known): TP-21-169-R1 | | | | |

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|----|--------------------------------------------------------------------------------------------------------------|--------|--|--|
| 6 | Payment for expert testimony | XNone | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| • | D | | | |
| 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 | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |
| | Please summarize the above conflict of interest in the following box: | | | |

| Date: <u>Jul. 1st, 2021</u> | | | | |
|----------------------------------------|-----------------------------------------------------------------------------|--|--|--|
| Your Name: _ | Dandan Wu | | | |
| Manuscript T | le:Juvenile hyaline fibromatosis: a rare oral disease and literature review | | | |
| Manuscript n | mber (if known): TP-21-169-R1 | | | |

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| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone | | |
|----|--------------------------------------------------------------------------------------------------------------|--------|--|--|
| 6 | Payment for expert testimony | XNone | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| • | D | | | |
| 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 | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |
| | Please summarize the above conflict of interest in the following box: | | | |

| Date: <u>Jul. 1st, 2021</u> | | | |
|----------------------------------------|---------------------------|------------------------------|----------------------|
| Your Name: Yang | hen | | |
| Manuscript Title: | Juvenile hyaline fibromat | osis: a rare oral disease ar | nd literature review |
| Manuscript number (i | known): TP-21 | L-169-R1 | |

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|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|
| | Time frame: Since the initial planning of the work | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | | | |
| | Time frame: past 36 months | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | |
| 3 | Royalties or licenses | XNone | | | |
| 4 | Consulting fees | XNone | | | |

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|---------------|--------------------------------------------------------------------------------------------------------------|--------|--|--|--|
| 6 | Payment for expert testimony | XNone | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| 8 Patents pla | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| • | D | | | | |
| 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 | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| 13 | Other financial or non- | XNone | | | |
| 1 | financial interests | | | | |
| | | | | | |
| | Please summarize the above conflict of interest in the following box: None | | | | |