Your Na	me:Yueguang
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	Manuscript Title:Evaluation of the clinical efficacy and safety of modified
	alveolar cleft bone graft with cone-beam CT digital imaging in children
	alveolar cieft bolle graft with cone-beam C1 digital imaging in ciliuren

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5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
0	Dantisination on a Data	Nama			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-	None			
13	financial interests				
	Please summarize the above conflict of interest in the following box: No conflict of interest				
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Ple	Please place an "X" next to the following statement to indicate your agreement:				

our Name:Chaoting	
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Manuscript Title:Evaluation of the clinical efficacy and safety of	i modified
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3	Royalties or licenses	None	

4	Consulting fees	None			
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5	5 Payment or honoraria for	None			
5	lectures, presentations,	None			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	None			
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7	Support for attending	None			
,	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
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10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	materials, drugs, medical writing, gifts or other	None			
12	services	Nege			
13	Other financial or non- financial interests	None			
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Ple	Please place an "X" next to the following statement to indicate your agreement:				

Your Na	me:Zhongyi
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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
J	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
Ü	pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
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3	Royalties or licenses	None	

4	Consulting fees	None	
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5	Payment or honoraria for	None	
5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
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Ple	ease place an "X" next to the	e following statement to	indicate your agreement:

ate:2022-05- 9	
our Name:Li Yue	
Manuscript Title:Evaluation of the clinical efficacy and safety of modified	
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4	Consulting for	None		
4	Consulting fees	None		
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7	Comment for all and in a	None		
′	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
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	Advisory Board			
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	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	Nama		
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
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13	Other financial or non-	None		
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Your Name: Lei Li	
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