Date:	March	31 st , 2022	
Your Nan	ne:	Jagjit Singh Dh	aliwal
Manuscri	ipt Title	: <u>A SYSTEMATIC</u>	REVIEW OF INTERVENTIONAL STUDIES ON ORAL CARE OF PALLIATIVE PATIENTS
Manuscri	i <mark>pt nu</mark> m	ber (if known):	APM-22-215

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
-	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	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		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date: M	arch 31 st , 2022	
Your Name:	Tajidah Talip	
Manuscript	Title: <u>A SYSTEMATIC</u>	REVIEW OF INTERVENTIONAL STUDIES ON ORAL CARE OF PALLIATIVE PATIENTS
Manuscript	number (if known):	APM-22-215

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6	Payment for expert	X None	
Ŭ	testimony		
	,		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date:	Marc	h 31 st , 2022	
Your N	ame:	Divya Thiruma	lai Rajam
Manus	cript Titl	e: <u>A SYSTEMATIC</u>	REVIEW OF INTERVENTIONAL STUDIES ON ORAL CARE OF PALLIATIVE PATIENTS
Manus	cript nur	nber (if known):	APM-22-215

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	,		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

None.

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

Date:	March	31 st , 2022	
Your Na	me:	Sachinjeet Kau	r Sodhi Dhaliwal
Manusc	ript Title	: <u>A SYSTEMATIC</u>	REVIEW OF INTERVENTIONAL STUDIES ON ORAL CARE OF PALLIATIVE PATIENTS
Manusc	ript num	ber (if known):	APM-22-215

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-	pending		
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	writing, gifts or other services		
12	Other financial or non-	V Nana	
13	financial interests	XNone	

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Date:	Ma	<u>arch 31°</u>	st , 2022								
Your N	lame:	Za	aidah Riz	idah	Murang						
Manus	cript ⁻	Title: <u>A</u>	SYSTEM	ATIC	REVIEW OF I	INTERVENTIO	IAL STUDIES	ON ORAL	CARE C	OF PALLIATI	VE PATIENTS
Manus	script i	number	[.] (if know	vn): _	APM-22-21	5					

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13	Other financial or non-	XNone	
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 Date:
 March 31st, 2022

 Your Name:
 Long Chiau Ming

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Date:	March	n 31 st , 2022
Your N	lame:	Munikumar Ramasamy Venkatasalu
Manus	cript Title	e: A SYSTEMATIC REVIEW OF INTERVENTIONAL STUDIES ON ORAL CARE OF PALLIATIVE PATIENTS
Manus	cript nun	nber (if known): <u>APM-22-215</u>

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7	Support for attending	XNone	
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8	Patents planned, issued or	XNone	
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