

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Feng

2. Surname (Last Name)

Qiao

3. Date

21-January-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Operation time is independent associated with serious postoperative symptom in patients with mandibular third molar removal

6. Manuscript Identifying Number (if you know it)

APM-20-2340-CL

### Section 2. The Work Under Consideration for Publication

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Dr. Qiao has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lei	2. Surname (Last Name) Li	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Feng Qiao
5. Manuscript Title Operation time is independent associated with serious postoperative symptom in patients with mandibular third molar removal		
6. Manuscript Identifying Number (if you know it) APM-20-2340-CL		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Jing	2. Surname (Last Name) Zhang	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Feng Qiao
5. Manuscript Title Operation time is independent associated with serious postoperative symptom in patients with mandibular third molar removal		
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Dr. Zhang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Rui	2. Surname (Last Name) Dong	3. Date 21-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Feng Qiao
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