

## ICMJE DISCLOSURE FORM

Date: 2021.6.30

Your Name: Feng Xiao

Manuscript Title: Increased occurrence risks of periodontitis by rheumatoid arthritis and its association with the levels of IL-1 $\beta$  and TNF- $\alpha$  in gingival crevicular fluid

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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Please summarize the above conflict of interest in the following box:

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Date: 2021.6.30

Your Name: Chanxiu Li

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Date: 2021.6.30

Your Name: Ying Lin

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## ICMJE DISCLOSURE FORM

Date:2021.6.30

Your Name:Zhuli Peng

Manuscript Title:Increased occurrence risks of periodontitis by rheumatoid arthritis and its association with the levels of IL-1 $\beta$  and TNF- $\alpha$  in gingival crevicular fluid

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Your Name: Yunsheng Wen

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