

## ICMJE DISCLOSURE FORM

**Date:** November 11<sup>st</sup>, 2021

**Your Name:** Jiye Xie

**Manuscript Title:** Effects of orthodontic treatment with activator appliance on patients with skeletal Class II malocclusion: a systematic review and meta-analysis

**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.

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

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** November 11<sup>st</sup>, 2021

**Your Name:** Chunrong Huang

**Manuscript Title:** Effects of orthodontic treatment with activator appliance on patients with skeletal Class II malocclusion: a systematic review and meta-analysis

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**Date:** November 11<sup>st</sup>, 2021

**Your Name:** Kang Yin

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**Your Name:** Juyoung Park

**Manuscript Title:** Effects of orthodontic treatment with activator appliance on patients with skeletal Class II malocclusion: a systematic review and meta-analysis

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**Date:** November 11<sup>st</sup>, 2021

**Your Name:** Yanhua Xu

**Manuscript Title:** Effects of orthodontic treatment with activator appliance on patients with skeletal Class II malocclusion: a systematic review and meta-analysis

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