## **ICMJE DISCLOSURE FORM**

Date: Oct,15<sup>th</sup>,2021

4

Consulting fees

\_None

<u>Yo</u>	ur Name:Yali Pan			
Ma	anuscript Title:Epidemiolog	gical analysis and emer	gency nursing care of oral and craniomaxillofacia	1
	numa: A narrative revien anuscript number (if known)			
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to		ension, you should declare	defined broadly. For example, if your manuscript pertar all relationships with manufacturers of antihypertensi the manuscript.	
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		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)	
		Time frame: Since the initia	l 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	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
2	Royalties or licenses	Y None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ease summarize the above c	onflict of interest in the fo	ollowing box:

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

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

## **ICMJE DISCLOSURE FORM**

Date:	Oct,15 <sup>th</sup> ,2021
Your Nam	ne: Hong ZHU
Manuscri	pt Title:Epidemiological analysis and emergency nursing care of oral and craniomaxillofacial
trauma:	A narrative review
Manuscri	pt number (if known):
APM-21	<u>-2995</u>

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
	All Coll	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

_		V N		
5	lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert	XNone		
	testimony			
-	<u> </u>	V N		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	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,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
12	services Other financial or non-	X None		
13	financial interests	XNone		
DI.			Harriag harr	
Pie	ase summarize the above co	onflict of interest in the lo	nowing box:	
	Nama			
	None			
Ple	Please place an "X" next to the following statement to indicate your agreement:			

Trease place and A mexico the following statement to malatte your agreement.

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

·

## **ICMJE DISCLOSURE FORM**

Date:	Oct,15 <sup>th</sup> ,2021
Your Na	me:Lili HOU
Manusc	ript Title:Epidemiological analysis and emergency nursing care of oral and craniomaxillofacia
trauma	: A narrative review
Manusc	ript number (if known):
APM-2	<u>21-2995</u>

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
1	All support for the presset	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	XNone	
	o hi t	V N	
4	Consulting fees	_XNone	

			1	
-		V N		
5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	XNone		
	meetings and/or travel			
8	Patents planned, issued or	X None		
O	pending	XNone		
	Pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or	NONE		
	Advisory Board			
10	•	V. Naisa		
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
4.4	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:	
	None			
DI -	Please place an "X" next to the following statement to indicate your agreement:			
rie	ase place all A liext to tile	Tonowing statement to in	uicate your agreement.	

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.