Date: ____July.25th,2021_____ Your Name: ____BailongLiu_____ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report______ Manuscript number (if known): _____TCP.21.404

Manuscript number (if known): ____ TCR-21-404_____

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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)
	Time frame: Since the initial	planning of the work
All support for the present	Bailong LiuNone	
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No time mint for this item.		
		36 months
	Bailong LiuNone	
in item #1 above).		
Royalties or licenses	Bailong Liu <u>None</u>	
Consulting fees	Bailong Liu <u>None</u>	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses

5	Payment or honoraria for	Bailong LiuNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	Bailong LiuNone	
	testimony		
_			
7	Support for attending meetings and/or travel	Bailong LiuNone	
	U <i>Y</i>		
8	Patents planned, issued or	Bailong LiuNone	
	pending		
9	Participation on a Data	Bailong LiuNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Bailong Liu <u>None</u>	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Bailong Liu <u>None</u>	
12	Receipt of equipment,	Bailong LiuNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	Deilang Liu - Nana	
13	Other financial or non- financial interests	Bailong Liu <u>None</u>	

None.

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Date: ____July.25th,2021_____ Your Name: ___Yunfei Ma_____ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report______

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1	All support for the present manuscript (e.g., funding,	Yunfei MaNone	
	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	Yunfei MaNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Yunfei Ma None	
5	Royalties of licenses		
4	Consulting fees	Yunfei MaNone	

5	Payment or honoraria for	Yunfei MaNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	Yunfei MaNone	
	testimony		
7	Support for attending meetings and/or travel	Yunfei MaNone	
8	Patents planned, issued or	Yunfei Ma <u>None</u>	
	pending		
9	Participation on a Data	Yunfei MaNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	Yunfei Ma <u>None</u>	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Yunfei Ma None	
	·		
12	Receipt of equipment,	Yunfei MaNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	Yunfei MaNone	
	financial interests		

None.

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Date: ____July.25th, 2021_____ Your Name: ___Hui Liu_____ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report______

Manuscript number (if known): ____ TCR-21-404______

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Hui Liu <u>None</u>	
	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	Hui LiuNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Hui LiuNone	
4	Consulting fees	Hui LiuNone	

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

None.

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Date: ____July.25th, 2021______ Your Name: ___Chong Wang______ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report_______ Manuscript number (if known): _____TCP_21_404

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Chong WangNone	
	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	Chong WangNone	
	any entity (if not indicated in item #1 above).		
2	,	Chang Mang Nang	
3	Royalties or licenses	Chong WangNone	
4	Conculting food	Chang Mang Nang	
4	Consulting fees	Chong WangNone	

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

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Date: ____July.25th, 2021_____ Your Name: ___Liang Guo_____ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report______

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Liang GuoNone	
	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	Liang Guo <u>None</u>	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Liang GuoNone	
-			
4	Consulting fees	Liang GuoNone	

5	Payment or honoraria for	Liang GuoNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	Liang GuoNone	
	testimony		
7	Support for attending meetings and/or travel	Liang GuoNone	
8	Patents planned, issued or	Liang GuoNone	
	pending		
9	Participation on a Data	Liang GuoNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	Liang GuoNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Liang GuoNone	
12	Receipt of equipment,	Liang GuoNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	Liang GuoNone	
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Date: ____July.25th, 2021_____ Your Name: ____Aiping Shi_____ Manuscript Title: Unexpected massive bleeding caused by extensive maxillary osteonecrosis in a breast cancer patient: a case report _____ Manuscript number (if known): ____ TCR-21-404______

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	Aiping ShiNone	
	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	Aiping Shi <u>None</u>	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	Aiping ShiNone	
4	Consulting fees	Aiping Shi <u>None</u>	

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

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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)		
	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding,	Min LiuNone			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.) No time limit for this item.				
	No time limit for tins item.				
	Time frame: past 36 months				
2	Grants or contracts from	Min LiuNone			
	any entity (if not indicated in item #1 above).				
3	Royalties or licenses	Min Liu None			
5	Royanies of neelises				
4	Consulting fees	Min LiuNone			

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

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