Date:	May 6 <sup>th</sup> , 2022
Your Name:	Shuting Huang
Manuscript Title:_	Screening and expression verification of key genes in cutaneous squamous cell carcinoma
Manuscript number	er (if known):
related to the cont parties whose inte	ransparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third rests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a

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

relationship/activity/interest, it is preferable that you do so.

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)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
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3	Royalties or licenses	None	
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5	Payment or honoraria for	None	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	-
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		-
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

Dat	te:	<u>May 6<sup>th</sup>, 20</u>	<u>22</u>			
Υοι	ır Name:	<u>Si Qin</u>				
Ma	nuscript Title: Screening	and expression verification	of key genes in cutaneous squamous cell carcinoma			
Ma	lanuscript number (if known):					
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen . If you are in doubt about whether to list a o so.			
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	tem #1 below, report all su time frame for disclosure i	•	ed in this manuscript without time limit. For all other in	tems		
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as	·			
		needed)				
		Time frame: Since the initia	al planning of the work			
	All support for the present	None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	t 36 months			
	Grants or contracts from	None				
	any entity (if not indicated					
	in item #1 above).					
}	Royalties or licenses	None				

Consulting fees

Payment or honoraria for

None

None

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	testimony		
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	pending		
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	services		
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	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

Da	te:	May 6 <sup>th</sup> , 202	22	
	ur Name:	Ju Wen		
Ma	nuscript Title: <u>Screening</u>	and expression verification of	of key genes in cutaneous squamous cell carcinoma	
Ma	anuscript number (if known)	:		
rel pa to	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.			
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.  In this manuscript without time limit. For all other ite	e
the	e time frame for disclosure i			
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initia	l planning of the work	
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	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

None

None

None

None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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Payment or honoraria for

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11	group, paid or unpaid	Nana	
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12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		-
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

Date:	May 6 <sup>th</sup> , 2022				
Your Name:	Yangfan Zhou				
Manuscript Title:	Screening and expression verification of key genes in cutaneous squamous cell carcinoma				
Manuscript numbe	Manuscript number (if known):				
	ansparency, we ask you to disclose all relationships/activities/interests listed below that ent of your manuscript. "Related" means any relation with for-profit or not-for-profit thir				

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		-
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

Date:	May 6 <sup>th</sup> , 2022
Your Name:	Zhenyu Lu
Manuscript Title:	Screening and expression verification of key genes in cutaneous squamous cell carcinoma
Manuscript number	(if known):
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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time initial for this term.		
		Time frame: past	26 months
2	Grants or contracts from	None	36 months
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	
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5	Payment or honoraria for	None	

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	Nege	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Please summarize the above conflict of interest in the following box:			
	None.		