Date: 02/08/2022 Your Name: Saygo Tomo

Manuscript Title: Fluorescence visualization as an auxiliary method to detect oral potentially malignant disorders and oral

cancer

Manuscript number (if known): TCR-22-1874

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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		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	X None	
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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
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

None to declare.		

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

Date: 02/08/2022

Your Name: José Alcides Almeida de Arruda

Manuscript Title: Fluorescence visualization as an auxiliary method to detect oral potentially malignant disorders and oral

cancer

Manuscript number (if known): TCR-22-1874

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		Time frame: past	36 months
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

None to declare.		

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

Date: 02/08/2022

Your Name: Felipe de Souza Cabral

Manuscript Title: Fluorescence visualization as an auxiliary method to detect oral potentially malignant disorders and oral

cancer

Manuscript number (if known): TCR-22-1874

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

None to declare.		

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

Date: 02/08/2022

Your Name: Silvia Cristina Nunez

Manuscript Title: Fluorescence visualization as an auxiliary method to detect oral potentially malignant disorders and oral

cancer

Manuscript number (if known): TCR-22-1874

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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

None to declare.		

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

Date: 02/08/2022

Your Name: Luciana Estevam Simonato

Manuscript Title: Fluorescence visualization as an auxiliary method to detect oral potentially malignant disorders and oral

cancer

Manuscript number (if known): TCR-22-1874

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Time frame: Since the initial 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.	X None						
		Time frame: past	36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	50 months					
		-						
3	Royalties or licenses	X None						
4	Consulting fees	X None						

5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data	X None	
9	Safety Monitoring Board or Advisory Board	A None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
4.2	D : 1 C : 1	W N	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
13	Other financial or non- financial interests	X None	

None to declare.						

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