

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paolo

2. Surname (Last Name)
Cariati

3. Date
31-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Risk factors for distant metastasis in oral cancer and a strategy for early detection

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Cariati has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Pampin Ozan	3. Date 31-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paolo Cariati
5. Manuscript Title Risk factors for distant metastasis in oral cancer and a strategy for early detection		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Pampin Ozan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Costantin

2. Surname (Last Name)
Gonzalez Corcoles

3. Date
31-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Paolo Cariati

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Ramzey	2. Surname (Last Name) Tursun	3. Date 31-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paolo Cariati
5. Manuscript Title Risk factors for distant metastasis in oral cancer and a strategy for early detection		
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1. Given Name (First Name)
Susana

2. Surname (Last Name)
Arroyo Rodriguez

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31-May-2020

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Paolo Cariati

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Dr. Arroyo Rodriguez has nothing to disclose.

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