Date: 19.07.2021

Your Name: Maximilian Roth

Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report.

Manuscript number (if known): FOMM-21-35

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		I	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	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	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
-	Command for odd and in a	V Nava	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Doutisination on a Data	V Nego	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Nego	
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	XNone	
	Timumolar interests		
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		61	
Ple	ase summarize the above co	ontlict of interest in the foll	owing box:
	lone.		

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

Date: 06.07.21
Your Name: Johannes Karl-Heinz
Meier
Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report.
Manuscript number (if known): FOMM-21-35

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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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	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	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.		

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.

Date:16.07.2021_	
Your Name:Prof. Dr.	Dr. Tobias Ettl
Manuscript Title: Cent	ral giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report
Manuscript number (if	known): FOMM-21-35

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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	
2	Consider the contract of the con-	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone		
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	X_None		
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		
Please summarize the above conflict of interest in the following box:				
	None.			

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

Date:July 06, 2021
/our Name:PD Dr. Pingling Kwok
Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report
Manuscript number (if known): FOMM-21-35

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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	
	ase summarize the above co	flict of interest in the following box:	

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

Date: 05.07.21

Your Name: Markus J. Riemenschneider

Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report.

Manuscript number (if known): FOMM-21-35

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

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

Date: 07-20-2021	
Your Name: Saida Zoubaa	
Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint.	A case report.
Manuscript number (if known): FOMM-21-35	

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None			
6	Payment for expert testimony	XNone			
	,				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	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,	X None			
12	materials, drugs, medical	XNone			
	writing, gifts or other				
42	services	V N			
13	Other financial or non- financial interests	XNone			
	inidificial interests				
Plea	Please summarize the above conflict of interest in the following box:				

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

Date: July, 05 2021

Your Name: Karl-Michael Schebesch, M.D.

Manuscript Title: Central giant cell granuloma of the temporal bone and temporo-mandibular-joint. A case report.

Manuscript number (if known): FOMM-21-35

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2	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone				
3	Royalties or licenses	_xNone				
4	Consulting fees	_xNone				

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	
Ple	ease summarize the above c	onflict of interest in the fo	lowing box:

None.			

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