

ICMJE DISCLOSURE FORM

Date: 15/09/21

Your Name: Professor Simon N Rogers

Manuscript Title: Health-related quality of life and concerns in patients attending an Oral and Maxillofacial oncology review clinic: late effects 5- and 10-years following cancer diagnosis

Manuscript number (if known): _____

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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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)	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, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	___ None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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4	Consulting fees	___ None	

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13	Other financial or non-financial interests	___ None	

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

None

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

ICMJE DISCLOSURE FORM

Date: 15/09/21

Your Name: Dr. Chiew Ying Chieng

Manuscript Title: Health-related quality of life and concerns in patients attending an Oral and Maxillofacial oncology review clinic: late effects 5- and 10-years following cancer diagnosis

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Date: 15/09/21

Your Name: Dr. Anna Davies

Manuscript Title: Health-related quality of life and concerns in patients attending an Oral and Maxillofacial oncology review clinic: late effects 5- and 10-years following cancer diagnosis

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ICMJE DISCLOSURE FORM

Date: 15/09/21

Your Name: Dr. Amy Aziz

Manuscript Title: Health-related quality of life and concerns in patients attending an Oral and Maxillofacial oncology review clinic: late effects 5- and 10-years following cancer diagnosis

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Date: 15/09/21

Your Name: Mr. Derek Lowe

Manuscript Title: Health-related quality of life and concerns in patients attending an Oral and Maxillofacial oncology review clinic: late effects 5- and 10-years following cancer diagnosis

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