Date:2021/3/17
Your Name: Bo-Jiun Chang
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
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 <u>current</u> <u>manuscript only</u>.

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

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

There is no conflict of interest

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

Date:2021/3/17		
Your Name: Chen-Hsiang Liao		
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report		
Manuscript number (if known):		

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13	Other financial or non- financial interests	None

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

Date:2021/3/17		
Your Name: Hsi-Chang Chang		
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report		
Manuscript number (if known):		

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Date:2021/3/17
Your Name: Suat-Yee Lee
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
Manuscript number (if known):

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	NoneNoneNoneNone	
7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

There is no conflict of interest

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

Date:2021/3/17
Your Name: Hsin-Lin Chen
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
Manuscript number (if known):

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11	Stock or stock options	None	
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13	Other financial or non- financial interests	None	

There is no conflict of interest

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

Date:2021/3/17
Your Name: Shih-Tsung Chang
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
Manuscript number (if known):

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4	Consulting fees	None	

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

There is no conflict of interest

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

Date:2021/3/17
Your Name: Yueh-Chun Lee
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
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.

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13	Other financial or non- financial interests	None	

There is no conflict of interest

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

Date:2021/3/17
Your Name: Ying-Hsiang Chou
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report
Manuscript number (if known):

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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Date:2021/3/17			
Your Name: Hsien-Chun Tseng			
Manuscript Title: Rhabdomyosarcoma of the Adult Nasopharynx: A Case Report			
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