

## ICMJE DISCLOSURE FORM

Date: Jul. 22<sup>nd</sup> , 2021

Your Name: Spyridon Lygeros

Manuscript Title: Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

Manuscript number (if known): ACR-21-31

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.

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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)
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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**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:**

**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: Jul. 21st, 2021

Your Name: Foteini Tsapardoni

Manuscript Title: Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

Manuscript number (if known): ACR-21-31

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## ICMJE DISCLOSURE FORM

Date: Jul. 22<sup>nd</sup> 2021

Your Name: Stylianos Mastronikolis

Manuscript Title: Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

Manuscript number (if known): ACR-21-31

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## ICMJE DISCLOSURE FORM

Date: Jul. 21<sup>st</sup>, 2021

Your Name: AXIOTI ANNA-MARIA

Manuscript Title: **Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.**

Manuscript number (if known): ACR-21-31

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## ICMJE DISCLOSURE FORM

**Date:** Jul. 21<sup>st</sup>, 2021

**Your Name:** Grypari Ioanna-Maria

**Manuscript Title:** Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

**Manuscript number (if known):** ACR-21-31

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## ICMJE DISCLOSURE FORM

Date: Jul. 21st, 2021

Your Name: Gerasimos Danielides

Manuscript Title: Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

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## ICMJE DISCLOSURE FORM

Date: Jul. 21st, 2021

Your Name: Stephanos Naxakis

Manuscript Title: Pleomorphic adenoma of the maxillary sinus with orbital extension presenting with exophthalmos: A case report.

Manuscript number (if known): ACR-21-31

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