	te:Sep.30 th 2022		
Yo	ur Name:Shideng Yai	ng	
Ma	anuscript Title:_Androgen re	eceptor increases and nega	tive expression of GCDFP-15 in primary ductal adenocarcinoma
of	the lacrimal gland: a case de	escription	
Ma	anuscript number (if known)	:QIMS-22-312-	-R1
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	e time frame for disclosure i		
		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.	x_None	
		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	

Consulting fees

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_x_None

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	lectures, presentations, 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	x_None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone				
11	Stock or stock options	x_None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None				
13	Other financial or non- financial interests	xNone				
Ple	Please summarize the above conflict of interest in the following box:					
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:			

Dat	:e:Sep.30 th 2022		
	ır Name:Wei Chen_		
Ma	nuscript Title:_Androgen r	eceptor increases and neg	ative expression of GCDFP-15 in primary ductal adenocarcinoma
of t	he lacrimal gland: a case d	lescription	
Ma	nuscript number (if known	n):QIMS-22-31	2-R1
In t	he interest of transparence	y, we ask you to disclose a	II relationships/activities/interests listed below that are
rela	ated to the content of your	r manuscript. "Related" me	eans any relation with for-profit or not-for-profit third
par	ties whose interests may b	be affected by the content	of the manuscript. Disclosure represents a commitment
to t	ransparency and does not	necessarily indicate a bias	s. If you are in doubt about whether to list a
rela	ationship/activity/interest,	, it is preferable that you d	o so.
	e following questions apply nuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
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the	time frame for disclosure	is the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initi	al planning of the work
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	manuscript (e.g., funding, provision of study materials,		
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	processing charges, etc.)		
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2	Grants or contracts from	x None	
	any entity (if not indicated		
	in item #1 above).		

Royalties or licenses

Payment or honoraria for

Consulting fees

None

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	lectures, presentations, 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	x_None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone				
11	Stock or stock options	x_None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None				
13	Other financial or non- financial interests	xNone				
Ple	Please summarize the above conflict of interest in the following box:					
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:			

υa	te:sep.30 2022		
	ur Name:Wen Chen_		
Ma	anuscript Title:_Androgen re	eceptor increases and nega	tive expression of GCDFP-15 in primary ductal adenocarcinoma
of	the lacrimal gland: a case de	escription	
Ma	anuscript number (if known)	:QIMS-22-312	-R1
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	item #1 below, report all sup e time frame for disclosure is	Name all entities with whom you have this	d in this manuscript without time limit. For all other items, Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initia	l 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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x None	

Consulting fees

Payment or honoraria for

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	lectures, presentations, 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	x_None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone				
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Ple	Please summarize the above conflict of interest in the following box:					
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:			

		ICMJE DISC	LOSURE FORM	
Dat	e: Sep.30 th 2022			
	r Name: Guoping Su			
			ative expression of GCDFP-15 in primary ductal adeno	arcinoma
of t	he lacrimal gland: a case de	escription		
Maı	nuscript number (if known)	:QIMS-22-312	2-R1	
rela part to t	ted to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that areans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer. If you are in doubt about whether to list a o so.	
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		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	al planning of the work	
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Time frame: past 36 months

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Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

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any entity (if not indicated

Payment or honoraria for

	lectures, presentations, 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	x_None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone				
11	Stock or stock options	x_None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None				
13	Other financial or non- financial interests	xNone				
Ple	Please summarize the above conflict of interest in the following box:					
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:			

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Da	te:Sep.30 th 2022			
Υo	ur Name: Ming Zhang_			
Ma	anuscript Title:_Androgen re	ceptor increases and nega	tive expression of GCDFP-15 in primary ductal adend	ocarcinoma
of	the lacrimal gland: a case de	escription		
Ma	anuscript number (if known)	:QIMS-22-312	-R1	
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		relationship or indicate	institution)	
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	provision of study materials,			_
	medical writing, article			\dashv
	processing charges, etc.)			\dashv
	No time limit for this item.			-
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Time frame: past 36 months

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Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

Payment or honoraria for

	lectures, presentations, 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	x_None				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone				
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None				
13	Other financial or non- financial interests	xNone				
Ple	Please summarize the above conflict of interest in the following box:					
Ple	ase place an "X" next to the	e following statement to in	dicate vour agreement:			

		ICMJE DISC	LOSURE FORM	
Dat	te: Sep.30 th 2022			
	ır Name:Yuxin Fan			
		eceptor increases and neg	ative expression of GCDFP-15 in primary ductal adeno	carcinoma
	he lacrimal gland: a case de			
Ma	nuscript number (if known):QIMS-22-312	2-R1	
In t	he interest of transparency	, we ask you to disclose a	Il relationships/activities/interests listed below that a	re
rela	ated to the content of your	manuscript. "Related" me	ans any relation with for-profit or not-for-profit third	
par	ties whose interests may b	e affected by the content	of the manuscript. Disclosure represents a commitme	nt
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Time frame: past 36 months

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None

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No time limit for this item.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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	lectures, presentations, speakers bureaus, manuscript writing or educational events					
6	Payment for expert testimony	xNone				
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8	Patents planned, issued or pending	x_None				
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