

### **Instructions**

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## 1. Identifying information.

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identifying inform	nation	
Given Name (First Name)     Yirou	2. Surname (Last Name) Zang	3. Date 02-December-2020
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Guoli Zang
5. Manuscript Title The anatomic basis for ultrasound in th	e diagnosis and treatment	of styloid process–related diseases
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Chen 1



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1. Given Name (First Name) Shiyu	2. Surname (Last Name) Chen	3. Date 02-December-2020
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Hu 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Guoli Zang	me
5. Manuscript Title The anatomic basis for ultrasound in th	ne diagnosis and treatmen	t of styloid process–related	diseases
6. Manuscript Identifying Number (if you ki ATM-20-7781	now it)	_	
Section 2. The Work Under C	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, do		•
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ribed in the instructions. U port relationships that we	se one line for each entity; a	add as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work?	? ☐ Yes ✔ No

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Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ashan	2. Surname (Last Name) Pan	3. Date 02-December-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Guoli Zang
5. Manuscript Title The anatomic basis for ultrasound in th	e diagnosis and treatmen	t of styloid process–related diseases
6. Manuscript Identifying Number (if you kr ATM-20-7781	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  No		
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