ICMJE DISCLOSURE FORM

Date: _______________ 2022/1/29__

Your Name: __________ Ningning Wang__________________________________________________

Manuscript Title: __ Five-year disease-free survival of Epstein-Barr virus-associated locoregionally advanced undifferentiated nasopharyngeal carcinoma patients treated with chemo-radiotherapy: a case report ______

Manuscript number (if known): __________

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ICMJE DISCLOSURE FORM

Date: 2022/1/2

Your Name: Huan Wang

Manuscript Title: Five-year disease-free survival of Epstein-Barr virus-associated locoregionally advanced undifferentiated nasopharyngeal carcinoma patients treated with chemo-radiotherapy: a case report

Manuscript number (if known):

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Your Name: __________ Huifeng Jiang_________________________

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<tr>
<td>12</td>
<td>Receipt of Equipment, Materials, Drugs, Medical Writing, Gifts or Other Services</td>
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<tr>
<td>13</td>
<td>Other Financial or Non-Financial Interests</td>
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</tbody>
</table>

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

X 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: ___________ 2022/1/29

Your Name: ___________ Yuan Ying

Manuscript Title: __ Five-year disease-free survival of Epstein-Barr virus-associated locoregionally advanced undifferentiated nasopharyngeal carcinoma patients treated with chemo-radiotherapy: a case report _____

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<th>Specifications/Comments (e.g., if payments were made to you or to your institution)</th>
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<td><strong>X</strong> None</td>
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<td>2</td>
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<td><strong>X</strong> None</td>
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<td>3</td>
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<td><strong>X</strong> None</td>
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<td>4</td>
<td>Consulting fees</td>
<td><strong>X</strong> None</td>
</tr>
<tr>
<td>5</td>
<td>Payment or honoraria for</td>
<td><strong>X</strong> None</td>
</tr>
</tbody>
</table>

Time frame: Since the initial planning of the work

Time frame: past 36 months
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