

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Keisuke

2. Surname (Last Name)
Sugahara

3. Date
31-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mixed Reality and Three Dimensional Printed Models for resection of maxillary tumor

6. Manuscript Identifying Number (if you know it)
QIMS-20-597

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Dr. Sugahara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Masahide

2. Surname (Last Name)

Koyachi

3. Date

27-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Keisuke Sugahara

5. Manuscript Title

Mixed Reality and Three Dimensional Printed Models for resection of maxillary tumor

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1. Given Name (First Name)

Yu

2. Surname (Last Name)

Koyama

3. Date

27-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Keisuke Sugahara

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Maki	2. Surname (Last Name) Sugimoto	3. Date 27-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keisuke Sugahara
5. Manuscript Title Mixed Reality and Three Dimensional Printed Models for resection of maxillary tumor		
6. Manuscript Identifying Number (if you know it) QIMS-20-597		

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Section 1. Identifying Information

1. Given Name (First Name)

Kento

2. Surname (Last Name)

Odaka

3. Date

27-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Keisuke Sugahara

5. Manuscript Title

Mixed Reality and Three Dimensional Printed Models for resection of maxillary tumor

6. Manuscript Identifying Number (if you know it)

QIMS-20-597

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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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 Information

1. Given Name (First Name) Shinichi	2. Surname (Last Name) Abe	3. Date 27-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Keisuke Sugahara
5. Manuscript Title Mixed Reality and Three Dimensional Printed Models for resection of maxillary tumor		
6. Manuscript Identifying Number (if you know it) QIMS-20-597		

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Section 1. Identifying Information

1. Given Name (First Name)

Akira

2. Surname (Last Name)

Katakura

3. Date

27-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Keisuke Sugahara

5. Manuscript Title

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