

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Matthew      2. Surname (Last Name) Louis      3. Date 21-December-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Devin Coon

5. Manuscript Title  
Narrative Review of Facial Gender Surgery: Approaches and Techniques for the Frontal Sinus and Upper Third of the Face

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

### 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes Trauma/Craniomaxillofacial Research Fellowship Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?     Yes     No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Louis reports grants from DePuy Synthes Trauma/Craniomaxillofacial Research Fellowship Program, during the conduct of the study.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Roberto

2. Surname (Last Name)  
Traveiso

3. Date  
12-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Devin O'Brien Coon

5. Manuscript Title

Narrative Review of Facial Gender Surgery: Approaches and Techniques for the Frontal Sinus and Upper Third of the Face

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Dr. Traveiso has nothing to disclose.

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1. Given Name (First Name)

Norah

2. Surname (Last Name)

Oles

3. Date

12-February-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Devin O'Brien Coon

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Norah Oles has nothing to disclose.

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Devin

2. Surname (Last Name)  
O'Brien Coon

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12-February-2021

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