

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Doga

2. Surname (Last Name)

Kuruoglu

3. Date

11-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Basel Sharaf

5. Manuscript Title

Point of Care Virtual Surgical Planning and 3D Printing in Facial Gender Confirmation Surgery

6. Manuscript Identifying Number (if you know it)

ATM-20-6369

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kuruoglu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) YAN	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Basel Sharaf
5. Manuscript Title Point of Care Virtual Surgical Planning and 3D Printing in Facial Gender Confirmation Surgery		
6. Manuscript Identifying Number (if you know it) ATM-20-6369		

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Are there any relevant conflicts of interest? Yes No

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Dr. YAN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Samyd	2. Surname (Last Name) Bustos	3. Date 13-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Basel A. Sharaf
5. Manuscript Title Point of Care Virtual Surgical Planning and 3D Printing in Facial Gender Confirmation Surgery		
6. Manuscript Identifying Number (if you know it) ATM-20-6369		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bustos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Morris	3. Date 11-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Basel Sharaf
5. Manuscript Title Point of Care Virtual Surgical Planning and 3D Printing in Facial Gender Confirmation Surgery		
6. Manuscript Identifying Number (if you know it) ATM-20-6369		

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Dr. Morris has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Amy	2. Surname (Last Name) Alexander	3. Date 22-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Basel Sharaf
5. Manuscript Title Point of Care Virtual Surgical Planning and 3D Printing in Facial Gender Confirmation Surgery		
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Dr. Alexander has nothing to disclose.

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1. Given Name (First Name)
Basel

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3. Date
11-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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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.)?

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