Dat	e:2023/09/	⁷ 29	
Υοι	ır Name: Qin-C	Chuan Liang	
Ма	nuscript Title: Bilateral Fron	to-Orbital Advancement C	Combined with Cranial Vault Release using a
Fre	e-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Ма	nuscript number (if known):		
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	nuscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to t me In i	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	al planning of the work
1	All support for the present	X None	an planning of the work
1	manuscript (e.g., funding,	XNOTIE	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	et 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
		X None	
4	Consulting fees		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X None	
	materials, drugs, medical	<u></u>	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:
N	lone		
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	te:2023/09/		
Υοι	ur Name:Xi Cl	nen	
Ма	nuscript Title: Bilateral Fron	to-Orbital Advancement C	ombined with Cranial Vault Release using a
Fre	e-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Ma	nuscript number (if known):		
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	e following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertair all relationships with manufacturers of antihypertensive he manuscript.
	tem #1 below, report all sup time frame for disclosure is	· ·	d in this manuscript without time limit. For all other iter
		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Dat	te:2023/09/	/29	
Υοι	ur Name:Bo Ya	ang	
Ma	nuscript Title: Bilateral Fron	to-Orbital Advancement C	Combined with Cranial Vault Release using a
Fre	e-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Иa	nuscript number (if known):		
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to t me In i	the epidemiology of hyperte dication, even if that medica	nsion, you should declare ation is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iten
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Dat	e:2023/09/	29	
Υοι	ır Name:Yun-I	Hai Song	
Ma	nuscript Title: Bilateral Fron	to-Orbital Advancement C	Combined with Cranial Vault Release using a
Fre	e-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Ma	nuscript number (if known):		
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
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Date	e:2023/09/	['] 29	
You	r Name:Shou-	Qing Sun	
			ombined with Cranial Vault Release using a
			lateral Coronal Synostosis
Man	nuscript number (if known):		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
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	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone		

Date	e:2023/09/	29	
You	r Name:Jun-Ji	e Jing	
Man	nuscript Title: Bilateral Fron	to-Orbital Advancement C	ombined with Cranial Vault Release using a
Free	-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Man	nuscript number (if known):		
relate part to trelate The man The to the med	ted to the content of your name ies whose interests may be cansparency and does not not interest, it following questions apply the content only. author's relationships/actions e epidemiology of hypertelication, even if that medical	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be nsion, you should declare tion is not mentioned in t	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
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12	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the follo	owing box:
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Date: 07	106/20	23							
our Name:	ANDREA	OF VIT	0						
Manuscript Title:_	BILLTERLY	FRONT	-oneith	DIANDOMAVICA	COMBINE	WITH	CRANAL	VAULT	MELEUSE
Manuscript number									
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		(200 - 100 AFC)
	manuscript writing or educational events		010v 3a 13a 1
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	None	
	Cantal Plane 1. A some of the control of the contro		and the second of the second o
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11		X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>≯</u> None	
13	Other financial or non- financial interests	X_None	

Please summarize the above conflict of interest in the following box:

NONE		

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

Date :6/7/2023_

Your Name: Walter A. Hall

Manuscript Title: Bilateral Fronto-Orbital Advancement Combined with Cranial Vault Release using a Free-Floating Bone

Flap Technique for Nonsyndromic Unilateral Coronal Synostosis

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
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		Time frame: past	36 months
2	Grants or contracts from	x None	30 months
	any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	xNone	

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5	Payment or honoraria for	xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events				
6	Payment for expert	x_None			
	testimony				
7	Support for attending meetings and/or travel	x_None			
8	Patents planned, issued or	xNone			
	pending				
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	xNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	xNone			
12	Receipt of equipment,	xNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	x_None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

none			

Your Name: Mario Ganau

Manuscript Title: Bilateral Fronto-Orbital Advancement Combined with Cranial Vault Release using a

Free-Floating Bone Flap Technique for Nonsyndromic Unilateral Coronal Synostosis

Manuscript number	(if known)	:

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present	None	
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	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	Name	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	None	
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	committee or advocacy		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None

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

Date	e:2023/09/	′29	
	r Name:Nan E		
Maı	nuscript Title: Bilateral Fron	to-Orbital Advancement C	Combined with Cranial Vault Release using a
Free	e-Floating Bone Flap Technic	que for Nonsyndromic Uni	lateral Coronal Synostosis
Maı	nuscript number (if known):		
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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2	Country	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
J	No yanties of necrises	None	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events						
6	Payment for expert	XNone					
	testimony						
7	Support for attending meetings and/or travel	XNone					
8	Patents planned, issued or	XNone					
	pending						
9	Participation on a Data	XNone					
	Safety Monitoring Board or						
10	Advisory Board						
10	Leadership or fiduciary role	XNone					
	in other board, society,						
	committee or advocacy group, paid or unpaid						
11	Stock or stock options	X None					
11	Stock of Stock options						
12	Receipt of equipment,	X None					
12	materials, drugs, medical						
	writing, gifts or other						
	services						
13	Other financial or non-	X None					
	financial interests						
		•					
Plea	Please summarize the above conflict of interest in the following box:						
N	None						