Date: 16th JANUARY	202.2	
Your Name: MYTHILI		
	BLOCKS IN MANAGEMENT OF ACUTE THO	EMERGENCIE
Manuscript number (if know	wn): JOMA - 21 - 17-CL	

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</u> manuscript only.

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.

		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.	XNone	
		Time frame: pa	st 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 lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
)	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	XNone	
1	Stock or stock options	XNone	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
.3	Other financial or non- financial interests	XNone	

None.		THE		

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.



Date: Jan 16 2	022
Manuscript Title:	Nerve Blocks in the management of acute temperature
emergencies- A	Narrative review
Manuscript numb	er (if known):

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medical writing, article processing charges, etc.)		
No time limit for this item.		
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Consulting fees	XNone	

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6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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

None. X	
TORE: A	

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

16/1/2022

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date:	14/	1/202	2						
	DA	2 Mu	RALIDI	HAR	THONDEBHAV	1 SUBBA	RAMAIAH		
					MANAGEMENT			Buge	DISOLDEL
Manuscript							reprenejes: 1		

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	★ None	

5	Payment or honoraria for	★ None	
3	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	× None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	<u>≯</u> None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	group, paid or unpaid		
11	Stock or stock options	X None	
TT	Stock of Stock options	A None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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.

(DY Murali Dar Thomdebhani Subbaramaiah)

Date: <u>Jan. 15 2</u>	022
Your Name:	Samuel Quek
Manuscript Titl	e: Nerve Blocks in the management of acute temporomandibular disorder emergencies- A
Narrative rev	iew
Transcript num	ber (if known): JOMA -21-17-CL

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	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	30 months
_	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		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
Ü	pending		
	Pe		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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riea	se summarize the above co	milict of interest in the foll	owing box:
N	one		
'\	One		

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.

Date:	Jan 15	2021
Your N	lame:	Shilpa Singh
Manus	script Title	: Nerve Blocks in the management of acute temporomandibular disorder emergencies- A
Narrat	ive reviev	<u> </u>
Manus	script nun	ber (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

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None.	

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Shillya

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ICMJE DISCLOSURE FORM

Date: 16th JANUARY	2022	
Your Name: THINAD	KILANI	

Manuscript Title: NERVE BLOCKS IN MANAGEMENT OF ACUTE THO EMERGENCIES

Manuscript number (if known): JOMA - 21 - 17-CL

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manuscript writing or educational events		
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Other financial or non- financial interests	XNone	
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	educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests	educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- financial interests Patents planned, issued orX_None

Payment or honoraria for

lectures, presentations,

X_None

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