ICMJE DISCLOSURE FORM

Date	e: <u>Mar. 21st, 2023</u>				
You	r Name: Umesh Kuma	<u>r</u>			
Mar	nuscript Title: <u>Pre-operative</u>	Oral Medication for Succ	cessful Pulpal Anaesthesia in Mandibular Molars wit	th	
Symptomatic Irreversible Pulpitis					
Mar	nuscript number (if known):	JOMA-23-11			
rela part to t	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of t necessarily indicate a	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment bias. If you are in doubt about whether to list so.	а	
The			ships/activities/interests as they relate to the <u>curre</u>	<u>nt</u>	
					
to t		nsion, you should declare a	efined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive manuscript.		
	em #1 below, report all supp time frame for disclosure is	-	in this manuscript without time limit. For all other item	ıs,	
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as	·		
		needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present	x None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	medical writing, article processing charges, etc.)				
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	medical writing, article processing charges, etc.)				
	medical writing, article processing charges, etc.)	Time frame: past	36 months		
2	medical writing, article processing charges, etc.) No time limit for this item.	Time frame: past	36 months		
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2	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	·	36 months		

None

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5	Payment or nonoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
0	testimony	xNone	
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7	Support for attending	x None	
	meetings and/or travel		
_	Detects planted issued as	v. Nana	
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	·		
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	y None	
13	financial interests	x None	
	infancial interests		
Plea	ise summarize the above co	nflict of interest in the fo	llowing box:
N	lone.		

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.

ICMJE DISCLOSURE FORM

Date	e: <u>Mar. 30th, 2023</u>				
Your Name: Charan Kamal Kaur					
Mar	nuscript Title: <u>Pre-operative</u>	Oral Medication for Suc	cessful Pulpal Anaesthesia in Mandibular Molars wit	th	
Syn	<u>nptomatic Irreversible Pulp</u>	<u>oitis</u>			
Mar	nuscript number (if known):	JOMA-23-11			
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	em #1 below, report all supp time frame for disclosure is		in this manuscript without time limit. For all other item	ıs,	
			in this manuscript without time limit. For all other item	15,	
		the past 36 months. Name all entities with	Specifications/Comments	ıs,	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	ıs,	
		Name all entities with whom you have this relationship or indicate	Specifications/Comments	ıs,	
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the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ns,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	is,	
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ıs,	
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	testimony		
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9	Participation on a Data	x None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests	XNone	
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