Date:	27 th June 2023
Vour N	Jame: Manlio Barha

Your Name: Manlio Barbarisi

Manuscript Title: Controlled hypotension in maxillofacial surgery: a commentary

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
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	X_None
	testimony	
-	C	Y. M.
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X_None
	pending	
0	Double in a contract of the co	V. None
9	Participation on a Data Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role	X_None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid	Y. M.
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
12	services	Y. M.
13	Other financial or non- financial interests	XNone
	illianciai interests	
Plea	se summarize the above co	nflict of interest in the following box:
l N	lone	

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

TOWNS SIGNIES TOWN
Date:21/06/23
Your Name:Diana Abbenante
Manuscript Title:Controlled hypotension in maxillofacial surgery: a commentary
Manuscript number (if known):JOMA-23-6
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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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
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ı			Time frame: past	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	
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_		••	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Cupport for attending	None	
′	Support for attending meetings and/or travel	None	
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0	Detects along discord on	Niewe	
8	Patents planned, issued or pending	None	
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	
	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:

I don't have conflict of interest	

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: 21/06/2023

Your Name: Piccialli Francesca

Manuscript Title: Controlled hypotension in maxillofacial surgery: a commentary

Manuscript number (if known): JOMA-23-6

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		Time frame: past	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	X_None	

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		
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	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Please summarize the above conflict of interest in the following box: none				
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 21/06/23

Your Name: Francesco Coppolino

Manuscript Title: Controlled hypotension in maxillofacial surgery: a commentary

Manuscript number (if known): JOMA-23-6

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
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	X_None
	testimony	
-	C	Y. M.
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	X_None
	pending	
0	Double in a contract of the co	V. None
9	Participation on a Data Safety Monitoring Board or	XNone
	Advisory Board	
10	Leadership or fiduciary role	X_None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid	Y. M.
11	Stock or stock options	XNone
12	Receipt of equipment,	X None
	materials, drugs, medical	
	writing, gifts or other	
12	services	Y. M.
13	Other financial or non- financial interests	XNone
	illianciai interests	
Plea	se summarize the above co	nflict of interest in the following box:
l N	lone	

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

Date:	C9/23/2023	
Your Name:	GIACCARI LUCA GREGORIO	
Manuscript Title:	Controlled hypotension in maxillofacial surgery:	
	a commentary.	
Manuscript Number (if known):): Click or tap here to enter text.	

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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.	x	None	Click the tab key to add additional rows.
			Time frame: past 36 mo	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

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ICMJE Disclosure Form

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
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	



			ne all entities with whom you have this tionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	X	None	

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

the gragord

Date: 21/06/2023

Your Name: Pace Maria Caterina

Manuscript Title: Controlled hypotension in maxillofacial surgery: a commentary

Manuscript number (if known): JOMA-23-6

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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		Time frame: past	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	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	
6	educational events Payment for expert	X None	
testimony			
,	Support for attending meetings and/or travel	XNone	
3	Patents planned, issued or	X None	
	pending	XNone	
	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
.0	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	XNone	
L3	Other financial or non- financial interests	XNone	
	nse summarize the above co	nflict of interest in the foll	owing box:
lea	se place an "X" next to the	following statement to inc	licate your agreement:

Date:	C9/23/2023
Your Name:	VINCENZO POTA
Manuscript Title:	Controlled hypotension in maxillofacial surgery:
	a commentary.
Manuscript Number (if known):	Click or tap here to enter text.

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X	None	Click the tab key to add additional rows.
			Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

M

		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)
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
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	

			ne all entities with whom you have this cionship or indicate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	X	None	

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

Date:	27 th JUNE 2023	
Your Name:	PASQUALE SANSONE	
Manuscript	Title: Controlled hypotension in maxillofacial surgery:a commentary	
	number (if known):	

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	processing charges, etc.) No time limit for this item.		
		Time frame: past	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	Nana	
Ü	pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:

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

Carpule Janua

Date: 28/06/2023

Your Name: Aurilio Caterina

Manuscript Title: Controlled hypotension in maxillofacial surgery a commentary

Manuscript number (if known): Joma-23-6

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _XNone XNone	36 months
4	Consulting fees	_XNone	

	lectures, presentations, speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	_XNone			
7	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or pending	_XNone			
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	_XNone			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone			
13	Other financial or non- financial interests	XNone			
Please summarize the above conflict of interest in the following box: None.					

None

Payment or honoraria for

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