

ICMJE DISCLOSURE FORM

Date: 27th June 2023

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	<u> </u> X <u> </u> None	
4	Consulting fees	<u> </u> X <u> </u> None	

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

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: 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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:

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: 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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE FORM

Date: C9/23/2023

Your Name: GIACCANI LUCA GREGORIO

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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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	

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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: 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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ICMJE DISCLOSURE FORM

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.

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Vincent Pote

ICMJE DISCLOSURE FORM

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

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Carquide Jansma

ICMJE DISCLOSURE FORM

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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