Dat	te: Nov. 7 <sup>th</sup> , 2023			
	ur Name:Marina Ayre	s Delgado		
	<u> </u>	_	et Controlled Infusion During dental surgery: a retrospe	<u>ctive</u>
	es series			
Ma	nuscript number (if known	): JOMA-23-29-CL		
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
rela	ated to the content of your	manuscript. "Related" mea	ans any relation with for-profit or not-for-profit third	
par	rties whose interests may b	e affected by the content o	of the manuscript. Disclosure represents a commitment	
to 1	transparency and does not	necessarily indicate a bias.	If you are in doubt about whether to list a	
rela	ationship/activity/interest,	it is preferable that you do	so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to t	the epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension the manuscript.  d in this manuscript without time limit. For all other ite	ve
		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	
L	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	ivo time illilit for this item.			

Time frame: past 36 months

X\_\_None

\_X\_\_None

X\_\_None

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

2

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate vour agreement:

Date: Nov. 7 <sup>th</sup> , 2023			
Your Name: Rodrigo Tavares de Lanna	Rocha		
Manuscript Title: Sedation with dexme	<u>edetomidine Targe</u>	t Controlled Infusion During dental surgery: a retrosp	ective
<u>cases series</u>			
Manuscript number (if known): JOMA-	23-29-CL		
related to the content of your manuscr parties whose interests may be affecte	ript. "Related" mea ed by the content o rily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.	
The following questions apply to the aumanuscript only.	uthor's relationship	os/activities/interests as they relate to the <u>current</u>	
•	ou should declare	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens he manuscript.	
In item #1 below, report all support for the time frame for disclosure is the pas	•	d in this manuscript without time limit. For all other i	tems
Name a	Ill entities with	Specifications/Comments	
whom y	you have this	(e.g., if payments were made to you or to your	
relation	nship or indicate	institution)	
none (a	dd rows as		
needed	)		

		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 initia	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: 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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: _	Nov. 7 <sup>th</sup> , 2023
Your Na	ame: André dos Santos Mendonça
Manus	cript Title: Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective
cases s	<u>eries</u>
Manus	cript number (if known): JOMA-23-29-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 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)	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.	XNone	
		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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: Nov. 7 <sup>th</sup> , 2023 Your Name: Bruno Pessoa Chacon					
Ma cas	Manuscript Title: <u>Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective cases series</u> Manuscript number (if known): JOMA-23-29-CL				
rel par to	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.				
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive 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 initia	l 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			
)	Grants or contracts from	Time frame: past	36 months		
۷	any entity (if not indicated in item #1 above).	XNone			
2	Povalties or licenses	Y None			

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Consulting fees

X\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: _	Nov. 7 <sup>th</sup> , 2023
Your N	ame: Bruna Carvalho Oliveira
Manus	cript Title: Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective
cases s	<u>eries</u>
Manus	cript number (if known): JOMA-23-29-CL
related	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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

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 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 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.	XNone	
		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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: Nov. 7 <sup>th</sup> , 2023
Your Name: Lais Mendes Viana
Manuscript Title: <u>Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective</u>
cases series
Manuscript number (if known): JOMA-23-29-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> <u>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)  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.	XNone	
2	Constant and the state of the state of	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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	X_None	
13	Other financial or non- financial interests	XNone	
Г	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: <u>Nov. 7<sup>th</sup>, 2023</u>
Your Name: Davi Ribeiro Nascimento
Manuscript Title: <u>Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective</u>
<u>cases series</u>
Manuscrint number (if known): IOMA-23-29-Cl

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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	XNone	

		I	
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	
	meetings amay or crave.		
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	X None	
	·		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
			1

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.

Date:	Nov. 7 <sup>th</sup> , 2023
Your Na	me: Bruno Pereira Campanha
Manusc	ript Title: Sedation with dexmedetomidine Target Controlled Infusion During dental surgery: a retrospective
cases se	<u>ries</u>
Manusc	int number (if known): IOMA-23-29-Cl

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		I	
5	Payment or honoraria for	XNone	
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7	Support for attending meetings and/or travel	XNone	
	meetings amay or crave.		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
	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-	XNone	
	financial interests		
			1

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.