

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anderson M. S.

2. Surname (Last Name)

Santos

3. Date

27-September-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Aseptic necrosis of the maxilla in embolized patient: a challenger condition

6. Manuscript Identifying Number (if you know it)

FOMM-20-39

Section 2. The Work Under Consideration for Publication

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Dr. Santos has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stefany	2. Surname (Last Name) Barbosa	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
5. Manuscript Title Aseptic necrosis of the maxilla in embolized patient: a challenger condition		
6. Manuscript Identifying Number (if you know it) FOMM-20-39		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tiburtino J.	2. Surname (Last Name) Lima-Neto	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
5. Manuscript Title Aseptic necrosis of the maxilla in embolized patient: a challenger condition		
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Dr. Lima-Neto has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Isadora

2. Surname (Last Name)

Martins-Silva

3. Date

27-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Anderson M. S. Santos

5. Manuscript Title

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Dr. Martins-Silva has nothing to disclose.

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Section 1. Identifying Information

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sirius	2. Surname (Last Name) Inaoka	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
5. Manuscript Title Aseptic necrosis of the maxilla in embolized patient: a challenger condition		
6. Manuscript Identifying Number (if you know it) FOMM-20-39		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Davi	2. Surname (Last Name) Costa	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
5. Manuscript Title Aseptic necrosis of the maxilla in embolized patient: a challenger condition		
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1. Given Name (First Name) Leonardo P.	2. Surname (Last Name) Faverani	3. Date 27-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anderson M. S. Santos
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