ICMJE DISCLOSURE FORM

Date:	3/16/2021
Your Name:	David Serratelli
Manuscript Title:_	Lingual Nerve Sensory Outcomes of Non-Grafted Microsurgery using Platelet Rich Plasma:
Retrospective Stud	dy
Manuscript number	er (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</u> manuscript only.

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)	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,	XNone	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_XNone	
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Compant for attanding	V Nene	
/	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
	pending		
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9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Please summarize the above conflict of interest in the following 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:	_5/26/21			
Your Name:	Vincent B Ziccardi, DDS, MD, FACS			
Manuscript Tit	le: _ Lingual Nerve Sensory Outcomes of Non-Grafted Microsurgery using Platelet Rich Plasma:			
Retrospective Study				
Manuscript nu	mber (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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	Consultant for Axogen, Alachua, Fl
	manuscript writing or educational events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	x_None	
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	x_None	

Please summarize the above conflict of interest in the following box:

I serve as a consultant for Axogen, Alachua, FL, but received no support related to this publication			

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

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You	r Name:Shuying Jia	ng			
Maı	nuscript Title: Lingual Ner	ve Sensory Outcomes of No	on-Grafted Microsurgery using Platelet Rich Plasma:		
Retrospective Study					
Maı	nuscript number (if known):				
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tne	time frame for disclosure is	the past 36 months.			
		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		
4		I	planning of the work		
1	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.				
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2	Create as contracts for	Time frame: past	36 Months		
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	any entity (if not indicated				
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3	Royalties or licenses	_xNone			
4	Consulting fees	x None			
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6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	_xNonexNonexNone			
8	Patents planned, issued or pending	_x_None			
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	x_None			
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	x_None			
	Please summarize the above conflict of interest in the following box: None				

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