

ICMJE DISCLOSURE FORM

Date: 14-March-2021
 Your Name: Hyeunmin Kim
 Manuscript Title: Robot-assisted surgeries in oral and maxillofacial area
 Manuscript number (if known): FOMM-2020-OIOMS-10(FOMM-21-25)

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		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)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>x</u> None	
3	Royalties or licenses	<u>x</u> None	
4	Consulting fees	<u>x</u> None	

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

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

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

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ICMJE DISCLOSURE FORM

Date: 14-March-2021
 Your Name: Sung-uk Cho
 Manuscript Title: Robot-assisted surgeries in oral and maxillofacial area
 Manuscript number (if known): FOMM-2020-OIOMS-10(FOMM-21-25)

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Date: 14-March-2021
 Your Name: Dongwook Kim
 Manuscript Title: Robot-assisted surgeries in oral and maxillofacial area
 Manuscript number (if known): FOMM-2020-OIOMS-10(FOMM-21-25)

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