ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name: Bernardo Olsson
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
Manuscript number (if known): FOMM-21-41-R1

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			
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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	X None	
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	
11	Stock or stock options	__X___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X___ None	
13	Other financial or non-financial interests	__X___ None	

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ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name:_ Katheleen MIRANDA DOS SANTOS
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
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ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name:_ Paola Fernanda de Lucas Cotait CORSO
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
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ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name:_ Aline Monise SEBASTIANI
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
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ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name:_ Leandro Eduardo KLÜPPEL
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
Manuscript number (if known): FOMM-21-41-R1

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ICMJE DISCLOSURE FORM

Date: 07/27/2021
Your Name:_ Rafaela SCARIOT
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
Manuscript number (if known): FOMM-21-41-R1

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Date: 07/27/2021
Your Name:_ Guilherme TRENTO
Manuscript Title: Use of xenogenous bone substitutes simultaneously to implant placement: literature review
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