Date: 4	1/2/	2023
---------	------	------

Your Name: Dr. Kalyani Bhate

Manuscript Title: Mid-facial fractures and their current classification systems: narrative review

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None					
	lectures, presentations,	NOTIC					
	speakers bureaus,						
	manuscript writing or						
	educational events						
	Payment for expert	None					
	testimony	140110					
	testimony						
	Support for attending	None					
	meetings and/or travel	None					
	meetings and/or traver						
	Patents planned, issued or	None					
	pending						
	Participation on a Data	None					
	Safety Monitoring Board or						
	Advisory Board						
0	Leadership or fiduciary role	None					
	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
1	Stock or stock options	None					
2	Receipt of equipment,	None					
	materials, drugs, medical						
	writing, gifts or other						
	services						
3	Other financial or non-	None					
	financial interests						
Please summarize the above conflict of interest in the following box:							
	Conflict of interest- none						
Sommer of interest front							
_							
Ple	ase place an "X" next to the	following statement to i	ndicate your agreement:				
I certify that I have answered every question and have not altered the wording of any of the questions on thi							

4-02-2023
4-02-2023

Your Name: Dr Dee	pak Kulkarni
-------------------	--------------

Manuscript Title: Mid-facial fractures and their current classification systems: narrative review

Manuscript number (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.

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

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	None	
	Participation on a Data Safety Monitoring Board or Advisory Board	None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
3	Other financial or non- financial interests	None	
	ase summarize the above c	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the I certify that I have answe form. X	-	dicate your agreement: ve not altered the wording of any of the questions on

5 Payment or honoraria for

_None

Date:	
Your Name: Dr. Mahesh Chavan	
Manuscript Title:Mid-facial fractures and their current classification systems: narrative review	
Manuscript number (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 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

-			
-	ent or honoraria for	None	
	res, presentations,		
-	kers bureaus,		
	script writing or		
	ational events		
-	ent for expert	None	
testin	nony		
	_		
	ort for attending	None	
meeti	ings and/or travel		
	_		
Paten	nts planned, issued or	None	
pendi	· · · · · · · · · · · · · · · · · · ·		
	-		
Partic	cipation on a Data	None	
	y Monitoring Board or		
	ory Board		
	ership or fiduciary role	None	
	ner board, society,		
	nittee or advocacy		
	o, paid or unpaid		
	or stock options	None	
2 Stock	or stock options		
	-		
Recei	pt of equipment,	None	
	rials, drugs, medical		
	ng, gifts or other		
servic			
3 Other	r financial or non-	None	
financ	cial interests		
	-		
	I		
Please su	ummarize the above co	onflict of interest in the fo	ollowing box:
No con	iflict of interest exist		
No connect of interest exist			
Please pl	lace an "X" next to the	following statement to i	ndicate your agreement:
l cer	rtify that I have answer	ed every question and h	ave not altered the wording of any of the questions on
	,	, ,	3 ,

Date: 4	/2/2023
---------	---------

Your Name: .Dr Supriya Kheur

Manuscript Title: Mid-facial fractures and their current classification systems: narrative review

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

-			T				
5	Payment or honoraria for	None					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or						
	educational events						
	Payment for expert	None					
	testimony						
	Support for attending	None					
	meetings and/or travel						
	Patents planned, issued or	None					
	pending						
	Participation on a Data	None					
	Safety Monitoring Board or						
	Advisory Board						
0	Leadership or fiduciary role	None					
	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
1	Stock or stock options	None					
<u> </u>	Receipt of equipment,	None					
	materials, drugs, medical						
	writing, gifts or other						
_	services						
3	Other financial or non-	None					
	financial interests						
N -		uflict of interest in the fu	allowing how				
-16	ase summarize the above co	minict of interest in the it	Dilowing box.				
	No conflict of interest exists						
NO connict of interest exists							
Please place an "X" next to the following statement to indicate your agreement:							
I certify that I have answered every question and have not altered the wording of any of the questions on thi							

Date: 4	1/2/2023	
---------	----------	--

Your Name: Dr. Kapil Kshirsagar

Manuscript Title: Mid-facial fractures and their current classification systems: narrative review

Manuscript number (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 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
	·		
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	ease summarize the above co		following box:
	NO CONFLICT OF INTEREST EXIS	STS	
Ple	ase place an "X" next to the I certify that I have answe form. X		o indicate your agreement: have not altered the wording of any of the questions on

Date:_
Your Name: Dr. Pradnya Kakodkar
Manuscript Title: Mid-facial fractures and their current classification systems: narrative review
Manuscript number (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> <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.

		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ito time illint for tims item.		
		Time frame: past	26 months
			56 MONUNS
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,	NOTIC		
	speakers bureaus,			
	manuscript writing or			
	educational events			
	Payment for expert	None		
	testimony	140116		
	testimony			
	Support for attending	None		
	meetings and/or travel	None		
	meetings and/or traver			
	Patents planned, issued or	None		
	pending			
	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
0	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
1	Stock or stock options	None		
2	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
_	services			
3	Other financial or non-	None		
	financial interests			
чe	ase summarize the above co	onflict of interest in the fo	ollowing box:	
Г				
CONFLICT OF INTERESTS- NONE				
L				
Ple	ase place an "X" next to the	following statement to in	ndicate your agreement:	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	I certify that I have answer	red every allestion and h	ave not altered the wording of any of the questions on	
I certify that I have answered every question and have not altered the wording of any of the questions on this				