

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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| Section 1. Identifying Infor   | mation                        |   |   |
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| 1. Given Name (First Name)  2. Surname (Last Name)  3. Surname (Last Name)  4. Are you the corresponding author?  2. Surname (Last Name)  3. Surname (Last Name)  4. Are you the corresponding author?   |
| 5. Manuscript Title  Lnucleation combined with guided bone regeneration in Small  6. Manuscript Identifying Number (if you know it)  20763  Cysts  |
| The Work Under Consideration for Publication  Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes                         |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work?   |

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| 70763  |
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