

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Qiang	2. Surname (Last Name) ZHANG	3. Date 10-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin ZHAO
5. Manuscript Title Current advances in skin-on-a-chip models for drug testing		
6. Manuscript Identifying Number (if you know it) MPS-18-11		

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name) Linda	2. Surname (Last Name) Sito	3. Date 10-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Xin Zhao
5. Manuscript Title Current advances in skin-on-a-chip models for drug testing		
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Section 1. Identifying Information

1. Given Name (First Name)

Mao

2. Surname (Last Name)

Mao

3. Date

10-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xin Zhao

5. Manuscript Title

Current advances in skin-on-a-chip models for drug testing

6. Manuscript Identifying Number (if you know it)

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Xin

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Zhao

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10-August-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Current advances in skin-on-a-chip models for drug testing

6. Manuscript Identifying Number (if you know it)

MPS-18-11

Section 2. 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 No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Zhao has nothing to disclose.

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