

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Hongyi	2. Surname (Last Name) Qu	3. Date 03-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelai Wang
5. Manuscript Title The effects of vasoactive intestinal peptide on RANKL-induced osteoclast formation		
6. Manuscript Identifying Number (if you know it) ATM-20-7607		

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Dr. Qu has nothing to disclose.

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1. Given Name (First Name) Yan	2. Surname (Last Name) Zhuang	3. Date 03-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kelai Wang
5. Manuscript Title The effects of vasoactive intestinal peptide on RANKL-induced osteoclast formation		
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Dr. Zhuang has nothing to disclose.

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1. Given Name (First Name)
Kelai

2. Surname (Last Name)
Wang

3. Date
03-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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