

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kezhen	2. Surname (Last Name) Xiang	3. Date 22-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Deqin Yang
5. Manuscript Title Remineralization of dentin induced by a compound of polyamide-amine and chlorhexidine in a resin dentin bonding microenvironment		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Xiang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Liang	2. Surname (Last Name) Chen	3. Date 22-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Deqin Yang
5. Manuscript Title Remineralization of dentin induced by a compound of polyamide-amine and chlorhexidine in a resin dentin bonding microenvironment		
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1. Given Name (First Name)
Deqin

2. Surname (Last Name)
Yang

3. Date
22-February-2021

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5. Manuscript Title
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