

Instructions

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Ni 1



| Section 1. Identifying Inform | nation | | |
|---|--|--|--|
| 1. Given Name (First Name) Jing | 2. Surname (Last Name) Ni | 3. Date 22-November-2020 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Chaolun Li and Yiqun Wu | |
| 5. Manuscript Title Hyaluronic acid VS physiological saline trial and an in vitro study | to enlarge deficient gingiv | val papillae: results from a randomized controlled clinical | |
| 6. Manuscript Identifying Number (if you ki ATM-20-7599 | 6. Manuscript Identifying Number (if you know it) | | |
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Zhong 1



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Shu 1



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| | | 2 Date |
| 1. Given Name (First Name) Rong | 2. Surname (Last Name) Shu | 3. Date 22-November-2020 |
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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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| Section 1. Identifying Inform | nation | | |
|---|--|----------------------------------|--|
| 1. Given Name (First Name) Chaolun | 2. Surname (Last Name) Li | 3. Date 22-November-2020 | |
| 4. Are you the corresponding author? | ✓ Yes No | | |
| 5. Manuscript Title Hyaluronic acid VS physiological saline trial and an in vitro study | to enlarge deficient gingival papillae: results from a | randomized controlled clinical | |
| 6. Manuscript Identifying Number (if you know it) ATM-20-7599 | | | |
| Sortion 2 | | | |
| Section 2. The Work Under Co | onsideration 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 | | | |
| Section 3. Relevant financial | activities outside the submitted work. | | |
| Place a check in the appropriate boxes of compensation) with entities as descr | in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were present during the 36 i | add as many lines as you need by | |
| Section 4. Intellectual Proper | rty Patents & Copyrights | | |
| mtellectual Propel | rty Fatents & Copyrights | | |
| Do you have any patents, whether plan | ned, pending or issued, broadly relevant to the work | ? | |

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| Section 5. Polotionships not sovered above |
|---|
| Relationships not covered above |
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| Yes, the following relationships/conditions/circumstances are present (explain below): |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Li has nothing to disclose. |

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