

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)
Komang Ardi

2. Surname (Last Name)
Wahyuningsih

3. Date
04-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Effect of ascorbic acid on morphology of post-thawed human adipose-derived stem cells

6. Manuscript Identifying Number (if you know it)
SCI-2020-011

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Dr. Wahyuningsih has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Karina

2. Surname (Last Name)

Karina

3. Date

04-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Komang Ardi Wahyuningsih

5. Manuscript Title

Effect of ascorbic acid on morphology of post-thawed human adipose-derived stem cells

6. Manuscript Identifying Number (if you know it)

SCI-2020-011

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Dr. Karina has nothing to disclose.

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1. Given Name (First Name)

Imam

2. Surname (Last Name)

Rosadi

3. Date

04-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Komang Ardi Wahyuningsih

5. Manuscript Title

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SCI-2020-011

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Section 1. Identifying Information

1. Given Name (First Name) lis	2. Surname (Last Name) Rosliana	3. Date 04-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Komang Ardi Wahyuningsih
5. Manuscript Title Effect of ascorbic acid on morphology of post-thawed human adipose-derived stem cells		
6. Manuscript Identifying Number (if you know it) SCI-2020-011		

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