

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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patent

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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Sathish		2. Surname (Last Name) Muthu	3. Date 09-December-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Madhan Jeyaraman		
5. Manuscript Title Exosomal Therapy – A New Frontier in R		Regenerative Medicine			
6. Manuscript Identifying Number (if you know it) SCI-2020-037					
<b>C</b> - 11 - 2					
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Do you have any	v patents, whether plan	ned, pending or issued, b	roadly relevant to the work?   Yes   ✔ No		



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Dr. Muthu has nothing to disclose.

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1. Given Name (First Name) Asawari		2. Surname (Last Name) Bapat		3. Date 09-December-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nar Madhan Jeyaraman	ne	
	5. Manuscript Title Exosomal Therapy – A New Frontier in Regenerative Medicine				
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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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1. Given Name (First Name) Rashmi	2. Surname (Last Name) Jain	3. Date 09-December-2020			
4. Are you the corresponding author?	Yes 🖌 No	orresponding Author's Name Iadhan Jeyaraman			
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1. Given Name (First Name) Naveen		2. Surname (Last Name) Jeyaraman	3. Date 09-December-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Madhan Jeyaraman		
5. Manuscript Title Exosomal Therapy – A New Frontier in R		Regenerative Medicine			
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