

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) Chen	2. Surname (Last Name) Shi	3. Date 28-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Li
5. Manuscript Title Polymeric biomaterials for bone regeneration		
6. Manuscript Identifying Number (if you know it) AOJ-16-42		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zhangqin	2. Surname (Last Name) Yuan	3. Date 28-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Li
5. Manuscript Title Polymeric biomaterials for bone regeneration		
6. Manuscript Identifying Number (if you know it) AOJ-16-42		

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Dr. Yuan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Fengxuan

2. Surname (Last Name)
Han

3. Date
28-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bin Li

5. Manuscript Title
Polymeric biomaterials for bone regeneration

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Caihong	2. Surname (Last Name) Zhu	3. Date 28-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bin Li
5. Manuscript Title Polymeric biomaterials for bone regeneration		
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