

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

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

Lim 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Wonbong		2. Surname (Last Name) Lim	3. Date 08-December-2018	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Young Lae Moon	
5. Manuscript Title Three-dimensional bioprinting for bone and cartilage transplantati		e and cartilage transplanta	tion	
6. Manuscript Ider AOJ-2018-M3DA	ntifying Number (if you kr -05	now it)		
	1			
Section 2.	The Work Under Co	onsideration for Public	ation	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Lim 2



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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Lim has noth	ning to disclose.			

Evaluation and Feedback

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Kim 1



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Kim 2



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Moon 1



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