

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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2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Sanjay		2. Surname (Last Name) Warrier	3. Date 08-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Neshanth Easwaralingam			
5. Manuscript Title Acellular Dermal		onstruction: A narrative re	view and institutional perspective			
6. Manuscript Identifying Number (if you know it) ABS-2019-NIABR-03(ABS-20-68)						
Section 2.	The Work Under Co	onsideration for Public	cation			
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 Yes No						
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Dr. Warrier has nothing to disclose.

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1. Given Name (First Name) Chu		2. Surname (Last Name) Nguyen	3. Date 11-January-2021			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Neshanth Easwaralingam			
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Easwaralingam



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1. Given Name (First Name) Neshanth	2. Surname (Last Name) Easwaralingam	3. Date 01-November-2021				
4. Are you the corresponding author?	Yes No					
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