

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Qingqing	2. Surname (Last Name) Fang	3. Date 21-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun
5. Manuscript Title Biotargets in neural regeneration		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tongtong	2. Surname (Last Name) Xu	3. Date 21-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun
5. Manuscript Title Biotargets in neural regeneration		
6. Manuscript Identifying Number (if you know it)		

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Dr. Xu has nothing to disclose.

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1. Given Name (First Name) Changyue	2. Surname (Last Name) Wu	3. Date 21-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hualin Sun
5. Manuscript Title Biotargets in neural regeneration		
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1. Given Name (First Name) Songlin	2. Surname (Last Name) Zhou	3. Date 21-April-2017
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Hualin

2. Surname (Last Name)

Sun

3. Date

21-April-2017

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