

ICMJE DISCLOSURE FORM

Date: 5/11/2021

Your Name: Puhan He

Manuscript Title: Potential Application of Dental Stem Cells in Regenerative Reconstruction of Oral and Maxillofacial Tissues-A Narrative Review

Manuscript number (if known): FOMM-2020-OIOMS-5(FOMM-21-10)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div>None</div> <div>NIH/NIDCR R21DE029926-01 (AL)</div> <div>the Schoenleber funding support (AL and QZ)</div> <div>the Project Funding from Center for Human Appearance (CHA) at UPenn (QZ)</div> <div>OsteoScience Foundation-Peter Geistlich Research Awards (RS, QZ)</div> <div>Oral & Maxillofacial Surgery Foundation (OMSF)-Research Support Grant (RS, QZg).</div> <div></div> <div></div>	
Time frame: past 36 months			
2	Grants or contracts from	<input checked="" type="checkbox"/> None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 5/10/2021

Your Name: Qunzhou Zhang

Manuscript Title: Potential Application of Dental Stem Cells in Regenerative Reconstruction of Oral and Maxillofacial Tissues-A Narrative Review

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Qun Zhou Zhang

ICMJE DISCLOSURE FORM

Date: 5/10/2021

Your Name: Faizan Motiwala

Manuscript Title: Potential Application of Dental Stem Cells in Regenerative Reconstruction of Oral and Maxillofacial Tissues-A Narrative Review

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ICMJE DISCLOSURE FORM

Date: 5/12/2021

Your Name: Rabie M Shanti

Manuscript Title: Potential Application of Dental Stem Cells in Regenerative Reconstruction of Oral and Maxillofacial Tissues-A Narrative Review

Manuscript number (if known): FOMM-2020-OIOMS-5(FOMM-21-10)

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Prof. [Signature]

ICMJE DISCLOSURE FORM

Date: May 10, 2021
 Your Name: Brian M. Chang
 Manuscript Title: Potential Application of Dental Stem Cells in Regenerative Reconstruction of Oral and Maxillofacial Tissues-A Narrative Review
 Manuscript number (if known): FOMM-2020-OIOMS-5(FOMM-21-10)

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Chang, Anyang 200

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Date: 5/11/2021

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