

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Chukwuweike

2. Surname (Last Name)

Gwam

3. Date

09-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Human placental extract: a potential therapeutic in treating osteoarthritis

6. Manuscript Identifying Number (if you know it)

ATM-2019-LEA3-005

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Dr. Gwam has nothing to disclose.

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Chiemena

2. Surname (Last Name)

Ohanele

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09-April-2020

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Yes No

Corresponding Author's Name

Chukwuweike Gwam

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1. Given Name (First Name)

Jacob

2. Surname (Last Name)

Hamby

3. Date

09-April-2020

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Yes No

Corresponding Author's Name

Chukwuweike Gwam

5. Manuscript Title

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ATM-2019-LEA3-005

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Noor

2. Surname (Last Name)
Chughtai

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09-April-2020

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Yes No

Corresponding Author's Name
Chukwuweike Gwam

5. Manuscript Title
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Zarmina

2. Surname (Last Name)

Mufti

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09-April-2020

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Corresponding Author's Name

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1. Given Name (First Name)

Xue

2. Surname (Last Name)

Ma

3. Date

09-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Chukwuweike Gwam

5. Manuscript Title

Human placental extract: a potential therapeutic in treating osteoarthritis

6. Manuscript Identifying Number (if you know it)

ATM-2019-LEA3-005

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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 No

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