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<tr>
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<tr>
<td>Alexander</td>
<td>Dimtchev</td>
<td>26-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

- Corresponding Author's Name
  - Leon J. Nesti

5. Manuscript Title
   - A microRNA signature for impaired wound healing and ectopic bone formation in humans

6. Manuscript Identifying Number (if you know it)
   - JBJS-D-19-00896

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Are there any relevant conflicts of interest?  [ ] Yes  [ ] No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  [ ] Yes  [ ] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [ ] No
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Section 5. Relationships not covered above

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Dr. Dimtchev has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jaira
2. Surname (Last Name)  Ferreira de Vasconcellos
3. Date  23-July-2019

4. Are you the corresponding author?  Yes ☐  No ☑
Corresponding Author’s Name  Leon J. Nesti

5. Manuscript Title
A microRNA signature for impaired wound healing and ectopic bone formation in humans

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00896

Section 2. The Work Under Consideration for Publication

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.)?
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Are there any relevant conflicts of interest?  Yes ☐  No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ☐  No ☑
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Dr. Ferreira de Vasconcellos has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Wesley

2. Surname (Last Name)  
   Jackson

3. Date  
   23-July-2019

4. Are you the corresponding author?  
   Yes  ✔  No

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   Leon J. Nesti

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Dr. Jackson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Leon

2. Surname (Last Name)  
   Nesti

3. Date  
   07-August-2020

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title  
   A microRNA signature for impaired wound healing and ectopic bone formation in humans

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00896

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No conflict of interest.</td>
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<tr>
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<td>✔️</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>✔️</td>
<td>No</td>
<td>No</td>
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<tr>
<td>National Institutes of Health Intramural Research Program</td>
<td>✔️</td>
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<tr>
<td>USAMRAA BAA</td>
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Nesti
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Dr. Nesti reports grants from Military Amputee Research Program, grants from Defense Medical Research and Development Program, grants from Congressionally Directed Medical Research Program, grants from National Institutes of Health Intramural Research Program, grants from USAMRAA BAA, during the conduct of the study.

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