ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Annie

2. Surname (Last Name)  
   John

3. Date  
   29-March-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Vrisha Madhuri

5. Manuscript Title  
   First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00031

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Are there any relevant conflicts of interest?  
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Dr. John 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)  Alok  
2. Surname (Last Name)  Srivastava  
3. Date  25-April-2019  
4. Are you the corresponding author?  ☑ No  
   Corresponding Author’s Name  Vrisha Madhuri  
5. Manuscript Title  
   First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child  
6. Manuscript Identifying Number (if you know it)  CC-D-19-00031

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Dr. Srivastava has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Balakumar  
2. Surname (Last Name)  
Balasubramanian  
3. Date  
25-April-2019  
4. Are you the corresponding author?  
[ ] Yes  
[ x ] No  

### Corresponding Author's Name
Vrisha Madhuri

5. Manuscript Title
First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

6. Manuscript Identifying Number (if you know it)
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[ x ] No

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Dr. Balasubramanian 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)  
Bibhudutta

2. Surname (Last Name)  
Sahoo

3. Date  
29-March-2019

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Vrisha Madhuri

5. Manuscript Title  
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Dr. Sahoo has nothing to disclose.

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francis</td>
<td>Fernandez</td>
<td>25-April-2019</td>
</tr>
</tbody>
</table>

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

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Dr. Fernandez has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Harikrishna

2. Surname (Last Name)  
   Varma

3. Date  
   29-March-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Vrisha Madhuri

5. Manuscript Title  
   First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00031

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.)?

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.

<table>
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<td>BT/PR5424/MED/31/162/2012</td>
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   ☐ Yes  ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Varma reports grants from Department of Biotechnology, during the conduct of the study.

Evaluation and Feedback

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<tr>
<td>Karthikeyan</td>
<td>Rajagopal</td>
<td>25-April-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
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Dr. Rajagopal 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)  
Suresh Babu

2. Surname (Last Name)  
Sivadasan

3. Date  
29-March-2019

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Vrisha Madhuri

5. Manuscript Title  
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Dr. Sivadasan has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sanjay K  
2. Surname (Last Name)  
   Chilbule  
3. Date  
   25-April-2019  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name
   Vrisha Madhuri
5. Manuscript Title  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Chilbule has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sridhar

2. Surname (Last Name)  
   Gibikote

3. Date  
   25-April-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Vrisha Madhuri

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Dr. Gibikote 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)  
Sowmya

2. Surname (Last Name)  
Ramesh

3. Date  
29-March-2019

4. Are you the corresponding author?  
Yes ☐ No ☑

Corresponding Author’s Name  
Vrisha Madhuri

5. Manuscript Title
First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

6. Manuscript Identifying Number (if you know it)
CC-D-19-00031

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Dr. Ramesh has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Vivek</td>
<td>Dutt</td>
<td>25-April-2019</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔

Corresponding Author’s Name

Vrisha Madhuri

5. Manuscript Title

First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

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CC-D-19-00031

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Are there any relevant conflicts of interest?  
   - Yes  
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### Section 3. Relevant financial activities outside the submitted work.

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Dr. Dutt has nothing to disclose.

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## Identifying Information

1. **Given Name (First Name)**
   - Vikram

2. **Surname (Last Name)**
   - Mathews

3. **Date**
   - 25-April-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

6. **Manuscript Identifying Number (if you know it)**
   - CC-D-19-00031

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Section 1. Identifying Information

1. Given Name (First Name)  
   Vrisha

2. Surname (Last Name)  
   Madhuri

3. Date  
   29-March-2019

4. Are you the corresponding author?  
   ✔ Yes   ■ No

5. Manuscript Title  
   First report of a tissue-engineered graft for proximal humerus gap non-union following chronic pyogenic osteomyelitis in a child

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<td>DEPARTMENT OF BIOTECHNOLOGY, GOVERNMENT OF INDIA</td>
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Dr. Madhuri reports grants from DEPARTMENT OF BIOTECHNOLOGY, GOVERNMENT OF INDIA, during the conduct of the study;

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