

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) Annie	2. Surname (Last Name) John	3. Date 29-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? Yes No

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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?

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. 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 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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Dr. Balasubramanian has nothing to disclose.

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Section 1. Identifying Information

1. Given Name (First Name) Francis	2. Surname (Last Name) Fernandez	3. Date 25-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Biotechnology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BT/PR5424/MED/31/162/2012

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Varma reports grants from Department of Biotechnology, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Karthikeyan

2. Surname (Last Name)

Rajagopal

3. Date

25-April-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? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Rajagopal has nothing to disclose.

Evaluation and Feedback

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Sivadasan 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)
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

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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chilbule has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? Yes No

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ramesh has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vivek	2. Surname (Last Name) Dutt	3. Date 25-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dutt has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Vikram	2. Surname (Last Name) Mathews	3. Date 25-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? Yes No

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Dr. Mathews has nothing to disclose.

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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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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DEPARTMENT OF BIOTECHNOLOGY, GOVERNMENT OF INDIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BT/PR5424/MED/31/162/2012

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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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