

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Alexander

2. Surname (Last Name)

Dimtchev

3. Date

26-March-2020

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

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Dr. Dimtchev has nothing to disclose.

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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

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Are there any relevant conflicts of interest? ☐ 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

Corresponding Author's Name
Leon J. Nesti

5. Manuscript Title

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

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Military Amputee Research Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflict of interest.
Defense Medical Research and Development Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflict of interest.
Congressionally Directed Medical Research Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflict of interest.
National Institutes of Health Intramural Research Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflict of interest.
USAMRAA BAA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No conflict of interest.

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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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