ICMJE DISCLOSURE FORM

Date: _____ Aug. 23\textsuperscript{th}, 2022 _____
Your Name: ___ Wei-Ting Wu ___
Manuscript Title: ___ Polydeoxyribonucleotide Injection in Muscle Atrophy/Immobilization: Does That Ring a Bell? ___
Manuscript number (if known): ________________________________________________________________

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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
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Date:_____Aug. 23th, 2022____
Your Name:___ Ke-Vin Chang ___
Manuscript Title:__ Polydeoxyribonucleotide Injection in Muscle Atrophy/Immobilization: Does That Ring a Bell? ___
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | __X__None                                                                   |

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| 3 | Royalties or licenses                                                                       | __X__None                                                                   |

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|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
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Your Name:___ Levent Özçakar _
Manuscript Title:__ Polydeoxyribonucleotide Injection in Muscle Atrophy/Immobilization: Does That Ring a Bell? ___
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| 4 | Consulting fees                                                                          | X None |

Time frame: Since the initial planning of the work

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|   | Description                                                                                                                |   |
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