

ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Chris Arts

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Eurospine	Faculty member eduweek
		Orthopaedic Research Society	Member research interest group musculoskeletal infection
		AO spine	Member knowledge forum degenerative
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 10/28/2024

Your Name: Taco J Blokhuis

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033.R2

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Date: 10/24/2024

Your Name: Boyle Cheng

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033.R2

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ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Thomáy-Claire Ayala Hoelen

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033

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ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Scott Johnson

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033

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11	Stock or stock options	<input type="checkbox"/> None Cerapedics Inc.	Stock Options. Employee of Cerapedics.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None Cerapedics Inc.	Employee

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Barend Spanninga

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033.R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Paul Willems

Manuscript Title: Clinical efficacy and safety of P-15 peptide enhanced bone graft substitute in surgical bone regenerative procedures in adult maxillofacial, spine and trauma patients: a systematic literature review

Manuscript Number (if known): BJR-2024-0033

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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