ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  
Vinothkumar

2. Surname (Last Name)  
G

3. Date  
23-June-2017

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

Corresponding Author’s Name  
Dr.P.Venkataraman

5. Manuscript Title  
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Sreedhar

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Dinesh

2. Surname (Last Name)  
   S

3. Date  
   23-June-2017

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

   Corresponding Author’s Name  
   Dr.P.Venkataraman

5. Manuscript Title  
   Abnormal Amyloid β42 expression and increased oxidative stress in plasma of CKD patients with cognitive dysfunction: A small scale case control study comparison with Alzheimer's disease

6. Manuscript Identifying Number (if you know it)  
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### Section 1. Identifying Information

1. **Given Name (First Name)** Sundaram
2. **Surname (Last Name)** A
3. **Date** 23-June-2017
4. **Are you the corresponding author?**
   - Yes
   - No

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)** BBACLI152

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1. Given Name (First Name)        2. Surname (Last Name)        3. Date
Balakrishnan                      D                                      23-June-2017

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Shivashekar                           G                     23-June-2017

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   Dr. P. Venkataraman

5. Manuscript Title
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<td>Sureshkumar</td>
<td></td>
<td>23-June-2017</td>
</tr>
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</table>

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   - No  

Corresponding Author's Name  
Dr.P.Venkataraman

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Venkataraman

2. Surname (Last Name)  
Prabhu

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23-June-2017

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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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