Conflict of Interest

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

Section 1: <u>Identifying Information</u>

1.	Your First Name:	1	Middle Nam	e:	Family N	lame:
	Krishnaveni				Marimuthu	r
2.	Are the Corresponding A	uthor				
	☐Yes ✓ No If No, t	then name	e the Corre	sponding Author	r	
	Correspon	ding auth	or: Dr. K. Su	ıresh		
3.	Manuscript Title:					
	Antiproliferative and apoptotic effe	ects of Quinir	ne in Human He	p2 laryngeal cancer a	and KB oral c	ancer cell.
4.	Manuscript ID:					
	26961					
Section	n 2: The work under consi	ideration	for publicat	<u>ion</u>		
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Are the	ere any relevant conflicts	of interes	t? Yes	√ No		
If yes,	please fill out the approp	riate infor	mation belo	ow.		
Name	e of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
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Section	n 3: <u>Relevant financial act</u>	<u>ivities out</u>	side the su	<u>bmitted work</u>		
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If yes, please fill out the appropriate information below.

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ection 4: <u>Ir</u>	ntellectual Pro	perty -	Paten	ts & Cop	<u>yrights</u>			
o you have	any patents,	wheth	er plar	nned, pe	nding or issu	ied, broad	dly releva	int to the work?
Yes ✓ I	No							
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13/05/2016

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Section 1: <u>Identifying Information</u>

1.	Your First Name: Kathi	resan	Middle Nam	e:	Family N	Name: Suresh	
2.	Are the Corresponding A ✓ Yes No If No,		ne the Corres	sponding Author	-		
3.	Manuscript Title:						
	Antiproliferative and	d apopt	otic effects	s of quinine in	human	Hep-2 laryngeal c	ancer and
	KB oral cancer cell			-			
4.	Manuscript ID:						
	26961						
Section	n 2: The work under cons	ideration	for publicat	<u>ion</u>			
commo limited analys	nstitution at any time recial, private foundation to grants, data monitoris, etc.)? ere any relevant conflicts	, etc.) fo oring bo	or any aspectard, study	t of the submit design, manuso	ted work	(including but not	
If yes,	please fill out the approp	riate info	ormation belo	ow.			
Name	e of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment	
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If yes, please fill out the appropriate information below.

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Patent?	Pending?	Issue	d?	Licensed?	Royalties?	Lice	nsee?	Comment
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Section 5: Re	elationships n	ot cov	ered abo	<u>ove</u>				
		•			•			influenced, or tha
Jive the appe	earance of po	tential	ly influe	ncing, what	you wrote in	the s	submitte	ed work?
Yes, the fo	ollowing relati	onship	os/condi	tions/circum	stances are p	rese	nt (expl	ain below):
✓ No other r	elationships/o	conditi	ons/circ	umstances t	hat present a	pote	ential co	onflict of interest
Saakian C. Di	aalaassaa Ctats							
ection 6: Di	sclosure State	ement						

Signature

Date: 09.05.2016

Conflict of Interest

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Section 1: <u>Identifying Information</u>

1. Your First Name: Arun	kumar 1	Middle Nam	e:	Family I	Name: Ramu	
2. Are the Corresponding Au ☐Yes ✓ No If No, t		e the Corre	sponding Author	-		
Corresponding author: 3. Manuscript Title:	Dr. K. Su	res h				
Antiproliferative and KB oral cancer cell 4. Manuscript ID: 26961	apopto	tic effects	s of quinine in	human	Hep-2 laryngeal c	ancer and
Section 2: The work under consi Your institution at any time re commercial, private foundation, limited to grants, data monito analysis, etc.)? Are there any relevant conflicts of If yes, please fill out the appropri	eceive pa etc.) for ring boa of interes	ayment or any aspected any astudy and astudy are	services from a set of the submit design, manusc	ted work	(including but not	
Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment	
Section 3: Relevant financial actions Place a check in the appropriate relationships (regardless of arinstructions. You should report publication.	te boxes nount of relations	in the tab f compens hips that w	ole to indicate value of the contract of the c	tities as	described in the	
Are there any relevant conflicts of	of interes	t?Yes	✓ No			

If yes, please fill out the appropriate information below.

Name of Institution/Company			Grant?	Personal fees	Non-financia support	ol Others	Comment
Section 4: <u>Interpretation</u>	•					oadly releva	ant to the work?
Yes N		WIICCII	ci piaiiii	cu, periaing	or issued, bi	oddiy reieve	and to the work:
If yes, pleas		appro	priate ir	nformation	below.		
Patent?	Pending?	Issue	d? L	icensed?	Royalties?	Licensee?	Comment
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Signature:

of At.

Date: **09.05.2016**