

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: Identifying Information

1. Your First Name: Middle Name: Family Name:

Soosaimanickam

Carmel Punitha

2. Are the Corresponding Author

Yes No If No, then name the Corresponding Author

3. Manuscript Title:

Cardioprotective role of an edible mushroom, *Volvariella volvacea* against hyperglycemic oxidative stress in streptozotocin administered rats

4. Manuscript ID:

27707

Section 2: The work under consideration for publication

Your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Relevant financial activities outside the submitted work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: [Relationships not covered above](#)

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

All information provided above are true to the best of my knowledge. The work was carried out without any financial support from any funding sources. I hereby declare that there is no conflict of interest.

Signature:

S. Carmel Punitha

Date:

18.07.16

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Section 1: Identifying Information

1. Your First Name: MUTHU Middle Name: Family Name: RAJASEKARAN

2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author

3. Manuscript Title:
Cardioprotective role of an edible mushroom, Volvariella volvacea against hyperglycemic oxidative stress in streptozotocin administered rats".

4. Manuscript ID:
27707

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Signature:

M.RAJASEKARAN

Date:

18.07.2016