ICMJE DISCLOSURE FORM

Date: 2021-12-21
Your Name: Qiang Liu
Manuscript Title: The effects of local infiltration anesthesia and femoral nerve block analgesia after total knee arthroplasty: a systematic review and meta-analysis
Manuscript number (if known): 

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| 3 | Royalties or licenses                                                                            | None                                                                               |
| 4 | Consulting fees                                                                                  | None                                                                               |
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| **6** | Payment for expert testimony | None |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| **13** | Other financial or non-financial interests | None |

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

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Date: 2021-12-21

Your Name: Anli Wang

Manuscript Title: The effects of local infiltration anesthesia and femoral nerve block analgesia after total knee arthroplasty: a systematic review and meta-analysis

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Date: 2021-12-21
Your Name: Jixia Zhang

Manuscript Title: The effects of local infiltration anesthesia and femoral nerve block analgesia after total knee arthroplasty: a systematic review and meta-analysis
Manuscript number (if known):

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