ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Chen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tianyu
2. Surname (Last Name)  Chen
3. Date  19-March-2020
4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Changhai Ding
5. Manuscript Title  Predictive value of magnetic resonance imaging (MRI) measures for the occurrence of total knee arthroplasty in knee osteoarthritis
6. Manuscript Identifying Number (if you know it)  ATM-20-1317(E2020020086-30601416-GL)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Chen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Weiyu  
2. Surname (Last Name)  
   Han  
3. Date  
   19-March-2020  
4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Changhai Ding  
5. Manuscript Title  
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes  
   No

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Dr. Han has nothing to disclose.

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1. Given Name (First Name) Yujin
2. Surname (Last Name) Tang
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Corresponding Author’s Name
Changhai Ding

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   - Changhai

2. **Surname (Last Name)**
   - Ding

3. **Date**
   - 19-March-2020

4. **Are you the corresponding author?**
   - Yes
   - No

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