ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date        |
|----------------------------|------------------------|---------------|
| Cibo                       | Huang                  | 08-July-2020  |

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author's Name

| Weiya Zhang, Changhai Ding, Xiaofeng Zeng |

5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
ATM-20-4673

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Dr. Huang has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date     |
|---------------------------|------------------------|------------|
| Zhiyi                     | Zhang                  | 08-July-2020|

4. Are you the corresponding author? Yes [ ] No [x]  

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Chen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yaolong
2. Surname (Last Name)  Chen
3. Date  08-July-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Weiya Zhang, Changhao Ding, Xiaofeng Zeng

5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
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| Yue                       | Zhang                    | 08-July-2020 |

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Corresponding Author's Name
Weiyi Zhang, Changhui Ding, Xiaofeng Zeng

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1. Given Name (First Name) 
   Dan

2. Surname (Last Name) 
   Xing

3. Date 
   08-July-2020

4. Are you the corresponding author? 
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Weiya Zhang, Changli Ding, Xiaofeng Zeng

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Like
2. Surname (Last Name) Zhao
3. Date 08-July-2020
4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
ATM-20-4673

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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**Section 6. Disclosure Statement**

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Dr. Zhao has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

| 1. Given Name (First Name) | Jianhao |
|---------------------------|---------|
| 2. Surname (Last Name)    | Lin     |
| 3. Date                   | 08-July-2020 |
| 4. Are you the corresponding author? | Yes | No |

Corresponding Author’s Name

Weiya Zhang, Changhong Ding, Xiaofeng Zeng

5. Manuscript Title

Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)

ATM-20-4673

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|---------------------------|------------------------|--------------|
| Yifang                    | Mei                    | 08-July-2020 |

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

Corresponding Author's Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  
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Dr. Mei has nothing to disclose.

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### Section 1. Identifying Information

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|---------------------------|------------------------|---------|
| Hsiao-Yi                  | Lin                    | 08-July-2020 |

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author's Name  
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
ATM-20-4673

### Section 2. The Work Under Consideration for Publication

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Zheng
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Yi
2. Surname (Last Name)  Zheng
3. Date  08-July-2020
4. Are you the corresponding author?  ✔ No

Corresponding Author's Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Wei-Chung

2. Surname (Last Name)  
Tsai

3. Date  
08-July-2020

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
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Dr. Tsai has nothing to disclose.

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Liu
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Shengyun

2. Surname (Last Name)  
   Liu

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author's Name  
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date         |
|----------------------------|------------------------|-----------------|
| Quan                       | Jiang                  | 08-July-2020    |

4. Are you the corresponding author? [ ] Yes [x] No

5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
ATM-20-4673

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Yi
2. Surname (Last Name)  
Liu
3. Date  
08-July-2020
4. Are you the corresponding author?  
☐ Yes  ✔ No

**Corresponding Author's Name**  
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Jinwei                    | Chen                   | 08-July-2020 |

4. Are you the corresponding author? [ ] Yes [ ] No

---

| Corresponding Author’s Name |
|-----------------------------|
| Weiya Zhang, Changhai Ding, Xiaofeng Zeng |

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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|---------------------------|------------------------|-----------------------|
| Zhizhong                  | Ye                     | 08-July-2020          |

4. Are you the corresponding author? [ ] Yes [ ] No

| 4. Corresponding Author's Name |
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| Weiya Zhang, Changhai Ding, Xiaofeng Zeng |

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Section 1. Identifying Information

1. Given Name (First Name)  
   Min

2. Surname (Last Name)  
   Chen

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   ☑️ No

Corresponding Author's Name  
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

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Dr. Chen has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Yingjuan | 2. Surname (Last Name) | Chen | 3. Date | 08-July-2020 |
|----------------------------|----------|------------------------|------|---------|--------------|

4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
   Development and Formulation of the Classification Criteria for Osteoarthritis

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

1. **Given Name (First Name)**
   Cong-Qiu

2. **Surname (Last Name)**
   Chu

3. **Date**
   08-July-2020

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

5. **Manuscript Title**
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. **Manuscript Identifying Number (if you know it)**
   ATM-20-4673

## The Work Under Consideration for Publication

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## Intellectual Property -- Patents & Copyrights

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Ming                      | Gao                    | 08-July-2020 |

4. Are you the corresponding author? ☑ No

| Corresponding Author's Name |
|----------------------------|
| Weiya Zhang, Changhai Ding, Xiaofeng Zeng |

5. Manuscript Title

Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)

ATM-20-4673

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
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| Lan                        | He                      | 08-July-2020 |

4. Are you the corresponding author? [ ] Yes [✔] No

Corresponding Author’s Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

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Dr. He has nothing to disclose.

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5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
ATM-20-4673

## Section 2. The Work Under Consideration for Publication

Did you or 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 [x] No

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Are there any relevant conflicts of interest? [ ] Yes [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

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Dr. Lin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Lijun

2. Surname (Last Name)  
   Wu

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   [ ] Yes  [X] No

5. Corresponding Author’s Name  
   Weiya Zhang, Changhui Ding, Xiaofeng Zeng

6. Manuscript Title  
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7. Manuscript Identifying Number (if you know it)  
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Dr. Wu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Jianhua

2. Surname (Last Name)
   Xu

3. Date
   08-July-2020

4. Are you the corresponding author?  
   [☑] Yes  [ ] No

   Corresponding Author's Name
   Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
   ATM-20-4673

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Are there any relevant conflicts of interest?  
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Dr. Xu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Pinting                   | Yang                   | 08-July-2020 |

4. Are you the corresponding author?  
   ✔ No

| Corresponding Author's Name |
|-----------------------------|
| Weiya Zhang, Changhai Ding, Xiaofeng Zeng |

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Xuewu
2. Surname (Last Name)  Zhang
3. Date  08-July-2020
4. Are you the corresponding author?  Yes ☐ No ☑

Corresponding Author's Name  Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  ATM-20-4673

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Qing

2. Surname (Last Name)  
Jiang

3. Date  
08-July-2020

4. Are you the corresponding author?  
Yes  ✔  No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Guanghua

2. Surname (Last Name)  
   Lei

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Weiya Zhang, Changhui Ding, Xiaofeng Zeng

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

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Dr. Lei has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Mengtao

2. Surname (Last Name)  
Li

3. Date  
08-July-2020

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

Corresponding Author’s Name  
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
ATM-20-4673

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Yang

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Wanling
2. Surname (Last Name)  Yang
3. Date  08-July-2020
4. Are you the corresponding author?  □ Yes  ✔ No

Corresponding Author’s Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
ATM-20-4673

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Dr. Yang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Xin

2. Surname (Last Name)  
   Gu

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Weiya Zhang, Changhui Ding, Xiaofeng Zeng

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Gu has nothing to disclose.

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Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|-----------------|
| Yixin                    | Zhou                   | 08-July-2020    |

4. Are you the corresponding author?  ☑  No

Corresponding Author's Name
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Dongyi

2. Surname (Last Name)  
   He

3. Date  
   08-July-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

Section 2. The Work Under Consideration for Publication

Did you or 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.)?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. He has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Wei

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

3. **Date**
   - 08-July-2020

4. **Are you the corresponding author?**
   - Yes

**Corresponding Author’s Name**
Weiya Zhang, Changhai Ding, Xiaofeng Zeng

5. **Manuscript Title**
Development and Formulation of the Classification Criteria for Osteoarthritis

6. **Manuscript Identifying Number (if you know it)**
   - ATM-20-4673

**Section 2. The Work Under Consideration for Publication**

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- Yes
- No

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Zhang
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Weiya

2. Surname (Last Name)  
   Zhang

3. Date  
   08-July-2020

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

5. Manuscript Title  
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
   ATM-20-4673

### Section 2. The Work Under Consideration for Publication

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   ☐ Yes  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Changhai

2. Surname (Last Name)  
Ding

3. Date  
08-July-2020

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

5. Manuscript Title  
Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)  
ATM-20-4673

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|----------------------------|------------------------|---------------|
| Xiaofeng                   | Zeng                   | 08-July-2020  |

4. Are you the corresponding author?  ✔  Yes  No

5. Manuscript Title
   Development and Formulation of the Classification Criteria for Osteoarthritis

6. Manuscript Identifying Number (if you know it)
   ATM-20-4673

## Section 2. The Work Under Consideration for Publication

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Dr. Zeng has nothing to disclose.

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