

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) Tianyu	2. Surname (Last Name) Chen	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Chen has nothing to disclose.

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1. Given Name (First Name) Weiyu	2. Surname (Last Name) Han	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Changhai Ding
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Changhai

2. Surname (Last Name)
Ding

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