

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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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mengyu

2. Surname (Last Name)

Chen

3. Date

20-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Mei Li

5. Manuscript Title

Correlation analysis between femoral trochlear dysplasia and anterior cruciate ligament injury based on CT measurement

6. Manuscript Identifying Number (if you know it)

QIMS-19-760

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Le

2. Surname (Last Name)

Qin

3. Date

20-March-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Mei Li

5. Manuscript Title

Correlation analysis between femoral trochlear dysplasia and anterior cruciate ligament injury based on CT measurement

6. Manuscript Identifying Number (if you know it)

QIMS-19-760

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Mei
2. Surname (Last Name)
Li
3. Date
20-March-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
Correlation analysis between femoral trochlear dysplasia and anterior cruciate ligament injury based on CT measurement
6. Manuscript Identifying Number (if you know it)
QIMS-19-760

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1. Given Name (First Name) Ji	2. Surname (Last Name) Shen	3. Date 20-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mei Li
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