

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name) Quan	2. Surname (Last Name) Sun	3. Date 26-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaiwei Zhang
5. Manuscript Title Traditional Chinese Medicine classification of knee osteoarthritis with proteomics analysis		
6. Manuscript Identifying Number (if you know it) APM-20-2117		

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 No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sun has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Kaiwei

2. Surname (Last Name)

Zhang

3. Date

26-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Traditional Chinese Medicine classification of knee osteoarthritis with proteomics analysis

6. Manuscript Identifying Number (if you know it)

APM-20-2117

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jiuyi	2. Surname (Last Name) Chen	3. Date 26-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaiwei Zhang
5. Manuscript Title Traditional Chinese Medicine classification of knee osteoarthritis with proteomics analysis		
6. Manuscript Identifying Number (if you know it) APM-20-2117		

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1. Given Name (First Name) Yuankun	2. Surname (Last Name) Xu	3. Date 26-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaiwei Zhang
5. Manuscript Title Traditional Chinese Medicine classification of knee osteoarthritis with proteomics analysis		
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Section 1. Identifying Information

1. Given Name (First Name)

Yang

2. Surname (Last Name)

Liu

3. Date

26-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kaiwei Zhang

5. Manuscript Title

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1. Given Name (First Name) Rui	2. Surname (Last Name) Zheng	3. Date 26-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kaiwei Zhang
5. Manuscript Title Traditional Chinese Medicine classification of knee osteoarthritis with proteomics analysis		
6. Manuscript Identifying Number (if you know it) APM-20-2117		

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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 No

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