

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Zhongyang	2. Surname (Last Name) Lv	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongquan Shi
5. Manuscript Title The function and behavior of chondrogenic progenitor cells in osteoarthritis		
6. Manuscript Identifying Number (if you know it) AOJ-20-47		

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Dr. Lv has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jiawei	2. Surname (Last Name) Li	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongquan Shi
5. Manuscript Title The function and behavior of chondrogenic progenitor cells in osteoarthritis		
6. Manuscript Identifying Number (if you know it) AOJ-20-47		

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Dr. Li has nothing to disclose.

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1. Given Name (First Name) Xingquan	2. Surname (Last Name) Xu	3. Date 30-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dongquan Shi
5. Manuscript Title The function and behavior of chondrogenic progenitor cells in osteoarthritis		
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1. Given Name (First Name) Qing	2. Surname (Last Name) Jiang	3. Date 30-April-2020
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1. Given Name (First Name)
Dongquan

2. Surname (Last Name)
Shi

3. Date
30-April-2020

4. Are you the corresponding author? Yes No

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