## ICMJE DISCLOSURE FORM

	ICMJE DISCLOSURE FORM			
Date	: December 18, 2022			
			tis hub genes with bioinformatics	
Man	uscript number (if known):			
relat parti to tra	ed to the content of your mes whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are is any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a o.	
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertaill relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup ime frame for disclosure is		in this manuscript without time limit. For all other ite	:ms,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_noneNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	noneNone	
3	Royalties or licenses	noneNone	
4	Consulting fees	noneNone	
5		_ noneNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	_ noneNone
7	Support for attending meetings and/or travel	_ noneNone
8	Patents planned, issued or pending	_ noneNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ noneNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ noneNone
11	Stock or stock options	noneNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ noneNone
13	Other financial or non- financial interests	_ noneNone

Please summarize the above conflict of interest in the following box:

No conflict of inte	rest among authors and	l with various institu	tions	

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

Date: December	•
Your Name:_Ding _	
Manuscript Title:	Prediction and analysis of osteoarthritis hub genes with bioinformatics
Manuscript number	(if known):
related to the conte parties whose intere to transparency and	insparency, we ask you to disclose all relationships/activities/interests listed below that are not of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a y/interest, it is preferable that you do so.
The following quest	ions apply to the author's relationships/activities/interests as they relate to the current

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_noneNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	noneNone	
3	Royalties or licenses	noneNone	
4	Consulting fees	noneNone	
5		_ noneNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	_ noneNone
7	Support for attending meetings and/or travel	_ noneNone
8	Patents planned, issued or pending	_ noneNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ noneNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ noneNone
11	Stock or stock options	noneNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ noneNone
13	Other financial or non- financial interests	_ noneNone

Please summarize the above conflict of interest in the following box:

ı	No conflict of interest among authors and with various institutions

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## **ICMJE DISCLOSURE FORM**

Date	e: December 18, 2022		
You	r Name:_XinlongMa		
Mar	uscript Title: Prediction	and analysis of osteoarth	ritis hub genes with bioinformatics
	nuscript number (if known):		
	•	•	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third
to tr	-	ecessarily indicate a bias.	f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	d in this manuscript without time limit. For all other items,
		A. II 11	0 15 17 10
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	mstrution
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	_noneNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	ivo time ilimit for tims item.		
		Time frame: pas	t 26 months
2	Grants or contracts from	none None	C 30 months
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ noneNone	

None

None

none

none\_

Consulting fees

5

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	_ noneNone	
7	Support for attending meetings and/or travel	_ noneNone	
8	Patents planned, issued or pending	_ noneNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ noneNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ noneNone	
11	Stock or stock options	noneNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ noneNone	
13	Other financial or non- financial interests	_ noneNone	

## Please summarize the above conflict of interest in the following box:

N	No conflict of interest among authors and with various institutions

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.