

ICMJE DISCLOSURE FORM

Date: December 18, 2022

Your Name: Junqing Zhong

Manuscript Title: Prediction and analysis of osteoarthritis hub genes with bioinformatics

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.

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Time frame: past 36 months			
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3	Royalties or licenses	_ none ___ None	
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	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input type="checkbox"/> none <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> none <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> none <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> none <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> none <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> none <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> none <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> none <input type="checkbox"/> None	

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

No conflict of interest among authors and with various institutions

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

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

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Date: December 18, 2022

Your Name: Ding Xiang

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Date: December 18, 2022

Your Name: Xinlong Ma

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