

ICMJE DISCLOSURE FORM

Date: 2021-06-19
 Your Name: Yu Zhan
 Manuscript Title: Three-dimensional Fracture Mapping of Multi-fragmentary Patella Fractures (AO/OTA-34C3)
 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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		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.	AOTrauma Asia Pacific of the AO Foundation	This study was granted by AOTrauma Asia Pacific of the AO Foundation to reveal the morphologic details of the multi-fragmentary patella fracture (AO/OTA-34C3), this information is also clearly mentioned in the manuscript.
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
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