ICMJE DISCLOSURE FORM				
Date:	12/10/2021	12/10/2021		
Your Name:	Jolanta Tomczyk	Jolanta Tomczyk		
Manuscript Title:		Assessment of the deformation model of the proximal tibia in the course of degenerative disease: analysis of the 3-dimensional mathematical model		
Manuscript Number (if k	nown): Click or tap here to enter text.			
content of your manuscripaffected by the content or indicate a bias. If you are The author's relationships epidemiology of hypertenthat medication is not medication in the medication is not medicated.	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. The author's relationships/activities/interests should be defined broadly. 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.			
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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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:	12/10/2021		
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Manuscript Title:	Assessment of the deformation model of the proximal tibia in the course of degenerative disease: analysis of the 3-dimensional mathematical model		
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Date:	12/10/2021		
Your Name:	Jędrzej Lesman		
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Date:	12/10/2021	
Your Name:	Jacek Sawicki	
Manuscript Title:	Assessment of the deformation model of the proximal tibia in the course of degenerative disease: analysis of the 3-dimensional mathematical model	
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ICMJE DISCLOSURE FORM					
Dat	Date: 12/10/2021				
Your Name:			Marcin Domżalski		
Manuscript Title:			Assessment of the deformation model of the proximal tibia in the course of degenerative disease: analysis of the 3-dimensional mathematical model		
Ma	Manuscript Number (if known): Click or tap here to enter text.				
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