

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Dongquan | 2. Surname (Last Name) Shi | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Yong | 2. Surname (Last Name) Pang | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Dr. Pang has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Chen | 2. Surname (Last Name) Yao | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
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Dr. Yao has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Feng | 2. Surname (Last Name) Wang | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
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| | | |
|--|---|---|
| 1. Given Name (First Name) Nan | 2. Surname (Last Name) Xia | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Dongyang | 2. Surname (Last Name) Chen | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Chen has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Zhihong | 2. Surname (Last Name) Xu | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Are there any relevant conflicts of interest? Yes No

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Dr. Xu has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Jin | 2. Surname (Last Name) Dai | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Dr. Dai has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Jianghui | 2. Surname (Last Name) Qin | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Qin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Yanyun | 2. Surname (Last Name) Lv | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Dr. Lv has nothing to disclose.

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| | | |
|--|---|---|
| 1. Given Name (First Name) Hongsong | 2. Surname (Last Name) Chen | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Xusheng

2. Surname (Last Name)
Qiu

3. Date
02-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qing Jiang

5. Manuscript Title
Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study

6. Manuscript Identifying Number (if you know it)
AOJ-2016-004

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Qiu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Tao | 2. Surname (Last Name) Yuan | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Yuan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wenjie

2. Surname (Last Name)
Weng

3. Date
02-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qing Jiang

5. Manuscript Title
Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study

6. Manuscript Identifying Number (if you know it)
AOJ-2016-004

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Weng has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Feng | 2. Surname (Last Name) Ran | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Are there any relevant conflicts of interest? Yes No

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Dr. Ran has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Ming | 2. Surname (Last Name) Zhang | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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| 1. Given Name (First Name) Changjian | 2. Surname (Last Name) Liu | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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| | | |
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| 1. Given Name (First Name) Minghao | 2. Surname (Last Name) Zheng | 3. Date 02-March-2016 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Qing Jiang |
| 5. Manuscript Title Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study | | |
| 6. Manuscript Identifying Number (if you know it) AOJ-2016-004 | | |

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Takahiro

2. Surname (Last Name)
Nakamura

3. Date
02-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Qing Jiang

5. Manuscript Title
Deep vein thrombosis after arthroplasty: Nanjing deep vein thrombosis study

6. Manuscript Identifying Number (if you know it)
AOJ-2016-004

Section 2. The Work Under Consideration for Publication

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Qing

2. Surname (Last Name)
Jiang

3. Date
02-March-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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