ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Minjie
2. Surname (Last Name) Dong
3. Date 24-March-2017
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Congfeng Luo
5. Manuscript Title
   Two- and Three-Dimensional Computed Tomography Mapping of Hoffa Fractures
6. Manuscript Identifying Number (if you know it)

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Dr. Dong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Qifang
2. Surname (Last Name)  He
3. Date  24-March-2017

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title
   Two- and Three-Dimensional Computed Tomography Mapping of Hoffa Fractures

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  Justin
2. Surname (Last Name)  Lucas
3. Date  25-March-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Two- and Three-Dimensional Computed Tomography Mapping of Hoffa Fractures
6. Manuscript Identifying Number (if you know it)

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Dr. Lucas has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
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<tbody>
<tr>
<td>Congfeng</td>
<td>Luo</td>
<td>25-March-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
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1. Given Name (First Name)  
   Yukai

2. Surname (Last Name)  
   Wang

3. Date  
   24-March-2017

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   [ ] Yes  
   [x] No

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   Congfeng Luo

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Xie
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   Xuetao

2. **Surname (Last Name)**  
   Xie

3. **Date**  
   24-March-2017

4. **Are you the corresponding author?**  
   [ ] Yes  
   [X] No

   **Corresponding Author’s Name**  
   Congfeng Luo

5. **Manuscript Title**  
   Two- and Three-Dimensional Computed Tomography Mapping of Hoffa Fractures

6. **Manuscript Identifying Number (if you know it)**

**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?  
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[ ] No
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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yingqi

2. Surname (Last Name)  
   Zhang

3. Date  
   25-March-2017

4. Are you the corresponding author?  
   Yes  ✔  No

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