ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Hirotaka

2. Surname (Last Name)
   Iijima

3. Date
   13-November-2018

4. Are you the corresponding author?
   ✔ Yes
   No

5. Manuscript Title
   Quadriceps weakness in individuals with coexisting medial and lateral osteoarthritis

6. Manuscript Identifying Number (if you know it)
   JBJSOA-D-18-00028

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>a Grant-in-Aid from the Japan Society for the Promotion of Science (<a href="https://www.jsps.go.jp/">https://www.jsps.go.jp/</a>) Research Fellows</td>
<td>✔</td>
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Are there any relevant conflicts of interest?
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Iijima reports grants from a Grant-in-Aid from the Japan Society for the Promotion of Science (https://www.jsps.go.jp/) Research Fellows, during the conduct of the study.

Evaluation and Feedback

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Masaki

2. **Surname (Last Name)**
   - Takahashi

3. **Date**
   - 01-July-2018

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

   **Corresponding Author’s Name**
   - Hirotaka Iijima

5. **Manuscript Title**
   - Quadriceps weakness in individuals with coexisting medial and lateral osteoarthritis

6. **Manuscript Identifying Number (if you know it)**
   - JBJSOA-D-18-00028

### 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

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Dr. Takahashi has nothing to disclose.

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   Tomoki  
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   Aoyama  
3. Date  
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   [ ] Yes  
   [X] No  
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Dr. Aoyama has nothing to disclose.

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<tbody>
<tr>
<td>Yusuke</td>
<td>Suzuki</td>
<td>01-July-2018</td>
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4. Are you the corresponding author?  
   - Yes
   - No  
   ✔ No

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Yusuke Suzuki has nothing to disclose.

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