

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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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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)

Makoto

2. Surname (Last Name)

Tomita

3. Date

07-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Ichiro Sekiya

5. Manuscript Title

Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage

6. Manuscript Identifying Number (if you know it)

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Dr. Tomita 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) Yuji	2. Surname (Last Name) Kohno	3. Date 07-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ichiro Sekiya
5. Manuscript Title Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Yoshinori

2. Surname (Last Name)
Itai

3. Date
07-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ichiro Sekiya

5. Manuscript Title

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1. Given Name (First Name)

Jun

2. Surname (Last Name)

Masumoto

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07-May-2019

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 Yes No

Corresponding Author's Name

Ichiro Sekiya

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Kenji

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Suzuki

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Corresponding Author's Name

Ichiro Sekiya

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1. Given Name (First Name) Akinobu 2. Surname (Last Name) Hyodo 3. Date 07-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ichiro Sekiya

5. Manuscript Title
Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage

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? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Japan Agency for Medical Research and Development (AMED)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Hyodo reports grants from Japan Agency for Medical Research and Development (AMED), during the conduct of the study; .

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) Hideyuki	2. Surname (Last Name) Koga	3. Date 07-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ichiro Sekiya
5. Manuscript Title Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage		
6. Manuscript Identifying Number (if you know it)		

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Dr. Koga 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)

Yusuke

2. Surname (Last Name)

Nakagawa

3. Date

07-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ichiro Sekiya

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Nakagawa has nothing to disclose.Dr. Nakagawa 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) Shinji	2. Surname (Last Name) Kiuchi	3. Date 07-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ichiro Sekiya
5. Manuscript Title Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage		
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1. Given Name (First Name)

Hisako

2. Surname (Last Name)

Katano

3. Date

07-May-2019

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Corresponding Author's Name

Ichiro Sekiya

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Mitsuru

2. Surname (Last Name)

Mizuno

3. Date

07-May-2019

4. Are you the corresponding author?

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Corresponding Author's Name

Ichiro Sekiya

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Koji

2. Surname (Last Name)
Otabe

3. Date
07-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ichiro Sekiya

5. Manuscript Title

Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage

6. Manuscript Identifying Number (if you know it)

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Dr. Otabe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nobutake

2. Surname (Last Name)
Ozeki

3. Date
07-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ichiro Sekiya

5. Manuscript Title

Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ozeki has nothing to disclose.

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1. Given Name (First Name)
Ichiro

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Sekiya

3. Date
07-May-2019

4. Are you the corresponding author? Yes No

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Japan Agency for Medical Research and Development (AMED)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sekiya reports grants from Japan Agency for Medical Research and Development (AMED), during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) So	2. Surname (Last Name) Suzuki	3. Date 07-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ichiro Sekiya
5. Manuscript Title Projected cartilage area ratio determined by 3D MRI analysis: a validation of a novel technique to evaluate articular cartilage		
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