

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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".

3. Relevant financial activities outside the submitted work.

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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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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) Jin	2. Surname (Last Name) Dai	3. Date 18-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Jiang
5. Manuscript Title The short-term effects of discoid lateral meniscectomy on the axial alignment of the lower limb in adolescents		
6. Manuscript Identifying Number (if you know it)		

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Dr. Dai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Qing

2. Surname (Last Name)
Jiang

3. Date
18-May-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
The short-term effects of discoid lateral meniscectomy on the axial alignment of the lower limb in adolescents

6. Manuscript Identifying Number (if you know it)

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hongfei	2. Surname (Last Name) Shi	3. Date 18-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Jiang
5. Manuscript Title The short-term effects of discoid lateral meniscectomy on the axial alignment of the lower limb in adolescents		
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Dr. Shi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Junfei

2. Surname (Last Name)
Wang

3. Date
18-May-2014

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Qing Jiang

5. Manuscript Title
The short-term effects of discoid lateral meniscectomy on the axial alignment of the lower limb in adolescents

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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
Nanjing Health Bureau, China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wang reports grants from Nanjing Health Bureau, China, during the conduct of the study; .

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Dr. Xiong has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Zhihong	2. Surname (Last Name) Xu	3. Date 18-May-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Qing Jiang
5. Manuscript Title The short-term effects of discoid lateral meniscectomy on the axial alignment of the lower limb in adolescents		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Xu has nothing to disclose.

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