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”.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

### Identifying Information

1. Given Name (First Name)  
   X. Jian
2. Surname (Last Name)  
   Li  
3. Date  
   20-July-2020
4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Howard J Seeherman
5. Manuscript Title  
   Activation of Trabecular Bone Formation Compartments Restricted to BMP-2-Injected Joints Supports an Alternative Synovitis-Induced Local Vascular Mechanism for Arthritis-Related Bone Changes
6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   [x] Yes  [ ] No

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
CBSET INC |  |  |  | ✔ | Current Employee

**Section 4. Intellectual Property -- Patents & Copyrights**

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

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Wozney
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Wozney

3. Date  
   21-July-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑  
   Corresponding Author’s Name  
   Howard Seeherman

5. Manuscript Title  
   Activation of Trabecular Bone Formation Compartments Restricted to BMP-2-Injected Joints Supports an Alternative Synovitis-Induced Local Vascular Mechanism for Arthritis-Related Bone Changes

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   Yes ☑ No ☐

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<td>Prior Consultant</td>
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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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Section 1. Identifying Information

1. Given Name (First Name)  
Howard

2. Surname (Last Name)  
Seeherman

3. Date  
16-July-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Activation of Trabecular Bone Formation Compartments Restricted to BMP-2-Injected Joints Supports an Alternative Synovitis-Induced Local Vascular Mechanism for Arthritis-Related Bone Changes

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