

Instructions

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

lijima 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fii Hirotaka	rst Name)	2. Surname (Last Name) lijima		3. Date 13-November-20	018	
4. Are you the cor	responding author?	✓ Yes No				
5. Manuscript Title Quadriceps weal	e kness in individuals wit	h coexisting medial	and lateral osteo	arthritis		
6. Manuscript Ider JBJSOA-D-18-000	ntifying Number (if you kn 028	now it)				
Continue 2						
Section 2.	The Work Under Co	onsideration for I	Publication			
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	out the appropriate info be removed by pressing		ou have more tha	n one entity pr	ess the "ADD" butt	on to add a row.
Name of Institut	ion/Company	Grant? Persona Fees?	Non-Financial Support?	Other? Co	omments	
	ne Japan Society for the e (https://www.jsps.go.jp/					
Section 3.	Relevant financial	activities outside	the submitted	work.		
of compensation	the appropriate boxes i) with entities as descri +" box. You should rep	bed in the instruction	ons. Use one line f	for each entity;	add as many lines	as you need by
Are there any rel	evant conflicts of intere	est? Yes ✓	No			
	l					
Section 4.	Intellectual Proper	ty Patents & Co	pyrights			
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relev	ant to the work	☐ Yes 🗸 ſ</td <td>No</td>	No

lijima 2



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Yes, the following relationships/conditions/circumstances are present (explain below):				
tionships/conditions/circumstances that present a potential conflict of interest				
anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.				
Disclosure Statement				
ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
s grants from a Grant-in-Aid from the Japan Society for the Promotion of Science (https://www.jsps.go.jp/) s, during the conduct of the study; .				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Takahashi 1



Section 1.	Identifying Inform	ation		
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 lijima	
5. Manuscript Title Quadriceps weakness in individuals with coexisting medial and late		h coexisting medial and la	teral osteoarthritis	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Takahashi 2



Section 5. Polationships not severed above				
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Section 6. Disalogues Statement				
Disclosure Statement				
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Dr. Takahashi has nothing to disclose.				

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Aoyama 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) 2. Surname (Last Name) Tomoki Aoyama		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 wi	teral osteoarthritis	
6. Manuscript Identifying Number (if you k JBJSOA-D-18-00028	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Aoyama 2



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Suzuki 1



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Given Name (First Name) Yusuke		2. Surname (Last Name) Suzuki	3. Date 01-July-2018	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hirotaka Iijima	
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