ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Zhifeng

2. Surname (Last Name)  
   Wang

3. Date  
   09-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Alleviation of medial meniscal transection-induced osteoarthritis pain in rats by human adipose derived mesenchymal stem cells

6. Manuscript Identifying Number (if you know it)  
   SCI-2020-003

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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   No

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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

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<td>Zhu</td>
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<td>3. Date</td>
<td>09-April-2020</td>
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<td>☑ No</td>
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</table>

**Corresponding Author's Name**: Zhifeng Wang

### Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  
   Shuhang

2. Surname (Last Name)  
   Dai

3. Date  
   09-April-2020

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

Corresponding Author’s Name  
Zhifeng Wang

5. Manuscript Title  
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Dr. Dai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ke

2. Surname (Last Name)  
   Liu

3. Date  
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   Yes  ✔  No

   Corresponding Author’s Name  
   Zhifeng Wang

5. Manuscript Title  
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Ge
### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Section 1. Identifying Information

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

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

3. **Date**
   - 09-April-2020

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

   **Corresponding Author’s Name**
   - Zhifeng Wang

5. **Manuscript Title**
   - Alleviation of medial meniscal transection-induced osteoarthritis pain in rats by human adipose derived mesenchymal stem cells

6. **Manuscript Identifying Number (if you know it)**
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Dr. Ge has nothing to disclose.

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