ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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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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)  
Mathias

2. Surname (Last Name)  
Bostrom

3. Date  
24-September-2013

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

Corresponding Author's Name

5. Manuscript Title

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?  
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Are there any relevant conflicts of interest?  
 ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Board of Directors</td>
</tr>
</tbody>
</table>

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Bostrom

2
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)
   Fabio

2. Surname (Last Name)
   Catani

3. Date

4. Are you the corresponding author?  [ ] Yes  [ ] No
   Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Dr. Catani has nothing to disclose.

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Cioppa-Mosca
### Section 1. Identifying Information

1. Given Name (First Name)  
   Jeanne

2. Surname (Last Name)  
   Cioppa-Mosca

3. Date  
   09-October-2013

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   N/A

5. Manuscript Title  
   N/A

6. Manuscript Identifying Number (if you know it)  
   N/a

---

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

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

---

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

---

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Davis

3. Date  
   23-September-2013

4. Are you the corresponding author?  
   □ Yes  □ No  
   Corresponding Author’s Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Mr. Davis has nothing to disclose.

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Section 1: Identifying Information
1. Given Name (First Name)  
   Smith
2. Surname (Last Name)  
   Jones
3. Date  
   9/23/13
4. Are you the corresponding author?  
   Yes
5. Manuscript Title
   Form is for membership on HSS Board
6. Manuscript Identifying Number (if you know it)
   N/A

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[Signature]

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sandy
2. Surname (Last Name)  Gane
3. Date  10/3/13

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Sandy Zilberg, PT, DCS, GCSt
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Grangeiro
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Joao

2. Surname (Last Name)  
Grangeiro

3. Date  
28-September-2013

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

5. Manuscript Title  
Editorial Board Member Disclosure

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?  
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Dr. Grangeiro has nothing to disclose.

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Greenwald
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   A. Seth

2. Surname (Last Name)  
   Greenwald

3. Date  
   03-October-2013

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

5. Manuscript Title  
   Corresponding Editor

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

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☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Greenwald has nothing to disclose.

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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)  Lawrence
2. Surname (Last Name)  Gulotta
3. Date  23-September-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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.

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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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Gulotta reports personal fees from Biomet, Inc, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Clemente
2. Surname (Last Name)  Ibarra
3. Date  17-October-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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

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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 6. Disclosure Statement

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Dr. Ibarra 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) Kethy
2. Surname (Last Name) Jules-Elysee
3. Date 22-October-2013

4. Are you the corresponding author? ☑ No
   Corresponding Author's Name NA

5. Manuscript Title NA

6. Manuscript Identifying Number (If you know it) NA

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? ☑ No

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Dr. Jules-Elysee has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Darren

2. Surname (Last Name)  
Lebl

3. Date  
03-October-2013

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
xx

5. Manuscript Title  
xx

6. Manuscript Identifying Number (if you know it)  

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Section 1. Identifying Information

1. Given Name (First Name)
2. Surname (Last Name)
3. Effective Date (07-August-2006)

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>7. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
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<td>1. Board membership</td>
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<td>2. Consultancy</td>
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<td>☑</td>
<td>☐</td>
<td>Arthrex</td>
</tr>
<tr>
<td>3. Employment</td>
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<td>☐</td>
<td>☐</td>
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<td>4. Expert testimony</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>Integra, Axogen, Checkpoint</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Arthrex</td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Elsevier, yearbook</td>
</tr>
</tbody>
</table>
### ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
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</tr>
</thead>
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<td>8. Patents (planned, pending or issued)</td>
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</tr>
<tr>
<td>9. Royalties</td>
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<td></td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
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<tr>
<td>11. Stock/stock options</td>
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<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
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* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

#### Section 4. Other relationships

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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[Hide All Table Rows Checked] [SAVE]
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Dale

2. Surname (Last Name)  
   Lange

3. Date  
   03-October-2013

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

5. Manuscript Title  
   not applicable

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.)?

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alejandro

2. Surname (Last Name)  
   Leali

3. Date  
   09-October-2013

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

5. Manuscript Title  
   N/A

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

## Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Leali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Lee

3. Date  
   9/24/13

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  JIANHAO
2. Surname (Last Name)  LIN
3. Date  27-September-2013
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
The High Prevalence of Knee Osteoarthritis in a Rural Chinese Population: the Wuchuan Osteoarthritis Study
6. Manuscript identifying Number (if you know it)

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  
   Stephen

2. Surname (Last Name)  
   Lyman

3. Date  
   24-September-2013

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author's Name  
   NA

5. Manuscript Title  
   NA

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

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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

member of the scientific committee for ISAKOS, editorial board member at American Journal of Orthopedics

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Section 6. Disclosure Statement

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Dr. Lyman reports personal fees from FDA CDRH, personal fees from NIAMS, grants from NIH CTSC, grants from AHRQ R01 (Pl: Ma), during the conduct of the study; and member of the scientific committee for ISAKOS, editorial board member at American Journal of Orthopedics.

Evaluation and Feedback

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Marx
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Marx

3. Date  
   23-September-2013

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author's Name  
   Charles Cornell, MD

5. Manuscript Title  
   HSSJ Indexing application

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

Section 3. Relevant financial activities outside the submitted work.

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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

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.

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Section 6. Disclosure Statement

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Dr. Marx has a patent Demos Health (The ACL Solution) with royalties paid, and a patent Springer (Revision ACL Surgery) with royalties paid.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Patricia
2. Surname (Last Name)  Quinlan
3. Date  13-October-2013

4. Are you the corresponding author?  Yes  No
Corresponding Author's Name
Not applicable

5. Manuscript Title  Not applicable

6. Manuscript Identifying Number (if you know it)  Not applicable

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

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Dr. Quinlan has nothing to disclose.

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) Laura
2. Surname (Last Name) Robbins
3. Date 9/23/13
4. Are you the corresponding author? Yes No
5. Manuscript Title
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

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Signed

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jose A
2. Surname (Last Name)  Rodriguez
3. Date  23-September-2013
4. Are you the corresponding author?  [ ] Yes  [✓] No  Corresponding Author’s Name
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

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Dr. Rodriguez reports grants and personal fees from Smith Nephew, grants and personal fees from Depuy, personal fees from Medacta, grants and personal fees from Exactec, outside the submitted work; In addition, Dr. Rodriguez has a patent Medacta pending, and a patent exactec pending.
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1. Identifying information.

   Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Other relationships.

   Use this section to report 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.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Sculco

3. Effective Date (07-August-2008)

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title

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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grant</td>
<td>X</td>
<td>No</td>
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<td></td>
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<tr>
<td>2. Consulting fee or honorarium</td>
<td>X</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>X</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>X</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>X</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>X</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
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</table>
### ICMJE Form for Disclosure of Potential Conflicts of Interest

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</thead>
<tbody>
<tr>
<td>7. Other</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

---

### 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 submission.

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<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Board membership</td>
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<td></td>
<td></td>
<td>Board Trustee HS &lt;br&gt; Board Trustee Athletics Foundation</td>
<td>No money paid to me</td>
</tr>
<tr>
<td>2. Consultancy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employment</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>4. Expert testimony</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>X</td>
<td></td>
<td></td>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>9. Royalties</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>X</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>ADD</td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

## Section 4. Other relationships

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?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carolyn
2. Surname (Last Name)  Scala
3. Date  9-30-13
4. Are you the corresponding author?  ☐ Yes  ☑ No
5. Manuscript Title
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.)?
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Sisto
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Domenick
2. Surname (Last Name)  Sisto
3. Date  03-October-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

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

Section 3. Relevant financial activities outside the submitted work.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Sussmann
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrick
2. Surname (Last Name) Sussmann
3. Date 22-October-1971

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name not applicable

5. Manuscript Title not applicable

6. Manuscript Identifying Number (if you know it) not applicable

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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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

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DePuy, J&J Speaker

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

Sussmann
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Section 1. Identifying Information
1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Sussmann
3. Date  22-October-1971
4. Are you the corresponding author?  No
5. Manuscript Title  not applicable
6. Manuscript Identifying Number (if you know it)  not applicable

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DePuy, J&J Speaker

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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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Definitions.

**Entity**: government agency, foundation, commercial sponsor, academic institution, etc.

**Grant**: A grant from an entity, generally (but not always) paid to your organization.

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**Non-Financial Support**: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other**: Anything not covered under the previous three boxes.

**Pending**: The patent has been filed but not issued.

**Issued**: The patent has been issued by the agency.

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Wellman</td>
<td>30-September-2013</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
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I have no disclosures or conflicts of interest to report

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1. Given Name (First Name) Jacque
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Dr. Ya Deau has nothing to disclose.

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