

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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

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? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RTI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board of Directors

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)
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

☒ 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?

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☒ No

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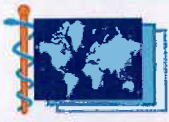
☒ No

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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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)

SCOTT

2. Surname (Last Name)

ELLS

3. Date

9/23/13

4. Are you the corresponding author?

☐ Yes

☒ No

5. Manuscript Title

N/A

form is for membership on Hsg. J. Board

6. Manuscript Identifying Number (if you know it)

N/A see above

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☐ No

consultant for Tournier/arthrolix
paid teaching for Integrity

Section 4

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☒ No



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Section 1. Identifying Information

1. Given Name (First Name)

Sandy

2. Surname (Last Name)

GONZ

3. Date

10/3/13

4. Are you the corresponding author?

☐ Yes

☒ No

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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)

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)

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

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



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Dr. Greenwald 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)
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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting and Professional Education

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 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

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

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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



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Section 6.

Disclosure Statement

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Dr. Ibarra 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)

Kethy

2. Surname (Last Name)

Jules-Elysee

3. Date

22-October-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)

NA

Section 2. The Work Under Consideration for Publication

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Dr. Jules-Elysee 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)

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

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**ICMJE**INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS**ICMJE Form for Disclosure of Potential Conflicts of Interest****Section 1. Identifying Information**

1. Given Name (First Name) Steve 2. Surname (Last Name) LEE 3. Effective Date (07-August-2008) 12/4/12
4. Are you the corresponding author? ☐ Yes ☒ No
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Support for travel to meetings for the study or other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



ICMJE Form for Disclosure of Potential Conflicts of Interest

The Work Under Consideration for Publication					
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ADD					
X					
ADD					

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arthrex	
3. Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Expert testimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Grants/grants pending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Integra, Axogen, Checkpoint	
6. Payment for lectures including service on speakers bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Arthrex	
7. Payment for manuscript preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elsevier yearbook	

**ICMJE**INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS**ICMJE Form for Disclosure of Potential Conflicts of Interest**

Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anthony Sam Lewis	
9. Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Payment for development of educational presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Stock/stock options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Other (err on the side of full disclosure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

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Hide All Table Rows Checked 'No'

SAVE

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Evaluation and Feedback

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)
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.)?

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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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)
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

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Section 6. Disclosure Statement

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Dr. Leali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Steve

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)

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



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Arthrex : patent, royalties, consultant
Axogen, Integra, Checkpoint : research support/grants

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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)

Section 2. The Work Under Consideration for Publication

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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



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Disclosure Statement

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Dr. LIN 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)
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)

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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
FDA CDRH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Device approval consultant
NIAMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB Chairperson
NIH CTSC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHRQ R01 (PI: Ma)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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

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 (PI: 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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

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)
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.

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

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Demos Health (The ACL Solution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Springer (Revision ACL Surgery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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.

Evaluation and Feedback

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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)
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

Section 3. Relevant financial activities outside the submitted work.

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Dr. Quinlan 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)

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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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



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INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Section 5.

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Disclosure Statement

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Laura Lottman 9/28/13

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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)

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)

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medacta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exactec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Medacta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Primary Femoral Stem design
Exactec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Revision Femoral Stem design

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

THOMAS

2. Surname (Last Name)

SCULLO

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...)?

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

* 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.

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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.

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Trustees HSS Board Trustees Antimicrobials Admin		X
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No money paid to me	ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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Relevant financial activities outside the submitted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ADD
X
ADD
X
ADD
X
ADD
X
ADD
X
ADD

* 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
- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Hide All Table Rows Checked 'No'

SAVE



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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)

Sofia

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.)?

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

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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

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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

Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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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

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)
David

2. Surname (Last Name)
Wellman

3. Date
30-September-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
na

5. Manuscript Title
na

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na

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2. Surname (Last Name)
Ya Deau

3. Date
23-September-2013

4. Are you the corresponding author?

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Corresponding Author's Name

5. Manuscript Title

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Dr. Ya Deau has nothing to disclose.

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HSS Journal ®

The Musculoskeletal Journal of Hospital for Special
Surgery

Editor-in-Chief: Cornell, MD, C.N.

ISSN: 1556-3316 (print version)

ISSN: 1556-3324 (electronic version)

Journal no. 11420