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? ☑ 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.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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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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   Yes [ ]  
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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 [✓]  

Catani
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### Section 5. Relationships not covered above

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

Dr. Catani has nothing to disclose.

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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

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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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

Cioppa-Mosca
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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)  
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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<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
<td>☐ Yes ☑ No</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sandy

2. Surname (Last Name)  
   Grant

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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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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Dr. Grangeiro has nothing to disclose.

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<tr>
<td>A. Seth</td>
<td>Greenwald</td>
<td>03-October-2013</td>
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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 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?  
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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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Gulotta
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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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

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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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.

Evaluation and Feedback

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Ibarra
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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Ibarra
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Dr. Ibarra has nothing to disclose.

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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

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Dr. Jules-Elysee has nothing to disclose.

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<tr>
<td>Darren</td>
<td>Lebl</td>
<td>03-October-2013</td>
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4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name

xx

5. Manuscript Title

xx

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**Section 1. Identifying Information**

1. Given Name (First Name)
   
2. Surname (Last Name)
   
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)

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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
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</tbody>
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(ADD)
ICMJE Form for Disclosure of Potential Conflicts of Interest

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>7. Other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</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>Relevant financial activities outside the submitted work</th>
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</thead>
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<tr>
<td>Type of Relationship (in alphabetical order)</td>
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<td>1. Board membership</td>
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<tr>
<td>2. Consultancy</td>
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<td>3. Employment</td>
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<tr>
<td>4. Expert testimony</td>
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<tr>
<td>5. Grants/grants pending</td>
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<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
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<tr>
<td>7. Payment for manuscript preparation</td>
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<tr>
<td>10. Payment for development of educational presentations</td>
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<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>
<td>13. Other (err on the side of full disclosure)</td>
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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?

☐ 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)
   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)

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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

Leali
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. Leali 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)  
   S-fane

2. Surname (Last Name)  
   L-e.e

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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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)

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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)

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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</table>

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

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

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

Quinlan
**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  [x] 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?  
[x] Yes  [ ] No

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

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[x] Yes  [ ] No
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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. Quinlan has nothing to disclose.

Evaluation and Feedback

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

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[Signature]

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Rodriguez
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?   
   [x] Yes  
   [ ] No  
   Corresponding Author's Name

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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   [ ] No

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Rodriguez
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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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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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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4. Other relationships.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   
2. Surname (Last Name)  
   
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.

<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>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>☑</td>
<td>☐</td>
<td>☐</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>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>☑</td>
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<td>☐</td>
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</tbody>
</table>
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The Work Under Consideration for Publication

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<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<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.

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<th>Money Paid to You</th>
<th>Money to Your Institution</th>
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<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Board Trustees, HSS</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>☑</td>
<td>Board Trustees</td>
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<td></td>
<td></td>
<td></td>
<td>☑</td>
<td>Activities Fund</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>☑</td>
<td>No money paid</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>☑</td>
<td>To me</td>
</tr>
<tr>
<td>2. Consultancy</td>
<td>✗</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Employment</td>
<td>✗</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Expert testimony</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>✗</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✗</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>✗</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Relevant financial activities outside the submitted work**

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<tr>
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<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
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<td></td>
<td></td>
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<td>ADD</td>
</tr>
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<td>9. Royalties</td>
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<td>10. Payment for development of educational presentations</td>
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<td>11. Stock/stock options</td>
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<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?

- [x] No other relationships/conditions/circumstances that present a potential conflict of interest
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
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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)  Carolyn
2. Surname (Last Name)    Schafer
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

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):
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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

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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
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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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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DePuy, J&J Speaker

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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

4. Relationships not covered above.
   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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization.
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations.
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
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

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?
   ☐ 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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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".

3. **Relevant financial activities outside the submitted work.**

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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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**Section 1. Identifying Information**

<table>
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<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>David</td>
<td>Wellman</td>
<td>30-September-2013</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name

na

5. Manuscript Title

na

6. Manuscript Identifying Number (if you know it)

na

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I have no disclosures or conflicts of interest to report

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1. Given Name (First Name)
   Jacques

2. Surname (Last Name)
   Ya Deau

3. Date
   23-September-2013

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

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Dr. Ya Deau has nothing to disclose.

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Ya Deau