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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Emmanuel
2. Surname (Last Name) Thienpont
3. Date 17-April-2016
4. Are you the corresponding author? ☑ Yes  ☐ No
5. Manuscript Title
Efficacy of Patient-specific Instruments in Total Knee Arthroplasty: A Systematic Review and Meta-analysis
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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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
If yes, please fill out the appropriate information below.

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

- Orthopedics Today: Editorial or governing board
- Jaypee: Publishing royalties, financial or material support

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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. Thienpont reports personal fees from Zimmer Biomet, personal fees from DePuy, personal fees from Medacta, outside the submitted work; In addition, Dr. Thienpont has a patent Zimmer Biomet with royalties paid, and a patent Medacta with royalties paid and Orthopedics Today: Editorial or governing board Jaypee: Publishing royalties, financial or material support.
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Pierre-Emmanuel

2. Surname (Last Name)  
   Schwab

3. Date  
   17-April-2016

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

   Corresponding Author’s Name  
   Emmanuel Thienpont

5. Manuscript Title  
   Efficacy of Patient-specific Instruments in Total Knee Arthroplasty: A Systematic Review and Meta-analysis

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Are there any relevant conflicts of interest?  
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Dr. Schwab has nothing to disclose.

Evaluation and Feedback

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

2. Surname (Last Name)  
Fennema

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17-April-2016

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

Corresponding Author’s Name  
Emmanuel Thienpont

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