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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Howard

3. Date  
   01-October-2016

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

5. Manuscript Title  
   Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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   □ 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. Howard reports personal fees and other from Stryker, grants, personal fees and other from DePuy, personal fees and other from Smith and Nephew, other from Zimmer, other from Microport, outside the submitted work.

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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) Steven
2. Surname (Last Name) MacDonald
3. Date 16-September-2016
4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name Dr. James Howard
5. Manuscript Title
   Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty: A Randomized Blinded Study
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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<td>David F</td>
<td>Johnston</td>
<td>12-September-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Dr. James L Howard

5. Manuscript Title  
Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty: A Randomized Blinded Study

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Dr. Johnston 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) Dianne
2. Surname (Last Name) Bryant
3. Date 14-September-2016
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   Dr. James L Howard
5. Manuscript Title
   Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty: A Randomized Blinded Study
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Dr. Bryant 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)  Edward
2. Surname (Last Name)  Vasarhelyi
3. Date  11-September-2016
4. Are you the corresponding author?  Yes □ No ✔
5. Manuscript Title
   Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty: A Randomized Blinded Study
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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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Dr. Vasarhelyi reports grants and personal fees from DePuy, grants and personal fees from Smith and Nephew, grants from Stryker, outside the submitted work.

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Sogbein
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
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4. Are you the corresponding author? [ ] Yes [V] No

Corresponding Author’s Name
Dr. James L Howard

5. Manuscript Title
Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty: A Randomized Blinded Study

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Mr. Sogbein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Brent
2. Surname (Last Name) Lanting
3. Date 14-September-2016
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name
   James Howard
5. Manuscript Title
   Ultrasound Guided Motor Sparing Knee Blocks for Postoperative Analgesia Following Total Knee Arthroplasty
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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1. **Given Name (First Name)**  
   Rakesh V.

2. **Surname (Last Name)**  
   Sondekoppam

3. **Date**  
   12-September-2016

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

   **Corresponding Author’s Name**  
   Dr. James L Howard

5. **Manuscript Title**  
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Dr. Sondekoppam has nothing to disclose.

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1. Given Name (First Name)  
   Ganapathy

2. Surname (Last Name)  
   Sugantha

3. Date  
   22-September-2016

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   Dr. James L Howard

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