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.

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3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the biomedical 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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Royalties: Funds are coming in to you or your institution due to your patent

Lorimer
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   Lorimer

3. Date  
   09-August-2016

4. Are you the corresponding author?  
   ☒ No

   Corresponding Author’s Name  
   Christopher Vertullo

5. Manuscript Title  
   The Effect on Long-Term Survivorship of Surgeon Preference for Posterior Stabilized or Minimally Stabilized Total Knee Replacement: An analysis of 63,416 Prostheses.

6. Manuscript Identifying Number (if you know it)

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   ☒ No
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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. Lorimer 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)  
   Peter

2. Surname (Last Name)  
   Lewis

3. Date  
   30-November-2016

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Christopher Vertullo

5. Manuscript Title  
   The Effect on Long-Term Survivorship of Surgeon Preference for Posterior Stabilized or Minimally Stabilized Total Knee Replacement: An analysis of 63,416 Prostheses.

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01083R1

Section 2. The Work Under Consideration for Publication

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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen</td>
<td>Graves</td>
<td>09-August-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Chris Vertullo

5. Manuscript Title  
The Effect on Long-Term Survivorship of Surgeon Preference for Posterior Stabilized or Minimally Stabilized Total Knee Replacement: An analysis of 63,416 Prostheses.

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Dr. Graves has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Vertullo

3. Date  
   09-August-2016

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

5. Manuscript Title  
   The Effect on Long-Term Survivorship of Surgeon Preference for Posterior Stabilized or Minimally Stabilized Total Knee Replacement: An analysis of 63,416 Prostheses.

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   ✗ No

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Vertullo reports personal fees and other from Smith & Nephew, personal fees from Zimmer, grants from Ramsay Health, grants from Allocuro, personal fees from Arthrex, outside the submitted work.

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Vertullo