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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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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Schräder
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
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<td>Peter</td>
<td>Schröder</td>
<td>24-June-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Andreas Halder

5. Manuscript Title
Five-Year Survival survival of 20,946 unicompartmental knee replacements and risk factors for failure - an analysis of German insurance data

6. Manuscript Identifying Number (if you know it)

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Dr. Schräder 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)  
   Thorsten

2. Surname (Last Name)  
   Gehrke

3. Date  
   07-September-2015

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

   Corresponding Author’s Name  
   Andreas Halder

5. Manuscript Title  
   Mid-term survival of 20,946 unicondylar knee replacements and risk factors for failure - an analysis of German insurance data

6. Manuscript Identifying Number (if you know it)

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Prof. Gehrke has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Christian

2. Surname (Last Name)  
   Günster

3. Date  
   26-August-2015

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Mid-term survival of 20,946 unicondylar knee replacements and risk factors for failure - an analysis of German insurance data

6. Manuscript Identifying Number (if you know it)

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Mr. Günster has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Andreas

2. Surname (Last Name)  
   Halder

3. Date  
   25-September-2015

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

5. Manuscript Title  
   Mid-term survival of 20,946 unicondylar knee replacements and risk factors for failure – an analysis of German insurance data

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Halder reports personal fees from Zimmer, personal fees from DePuy, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Joachim
2. Surname (Last Name) Hassenpflug
3. Date 01-September-2015
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Andreas Halder
5. Manuscript Title
Mid-term survival of 20,946 unicondylar knee replacements and risk factors for failure - an analysis of German insurance data
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Prof. Hassenpflug has nothing to disclose.

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Jeschke
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Section 1. Identifying Information

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<td>Jeschke</td>
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<td>3. Date</td>
<td>24-August-2015</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Andreas Halder</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Mid-term survival of 20,946 unicondylar knee replacements and risk factors for failure - an analysis of German insurance data

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

Dr. Jeschke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jürgen

2. Surname (Last Name)  
Malzahn

3. Date  
04-September-2015

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

Corresponding Author’s Name  
Andreas Halder

5. Manuscript Title  
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Mr. Malzahn has nothing to disclose.

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1. Given Name (First Name)  
   Fritz U.

2. Surname (Last Name)  
   Niethard

3. Date  
   28-August-2015

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

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Prof. Niethard has nothing to disclose.

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1. Given Name (First Name)  Josef
2. Surname (Last Name)  Zacher
3. Date  27-August-2015
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Andreas Halder

5. Manuscript Title
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<th>Non-Financial Support?</th>
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