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.

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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)  Adolph
2. Surname (Last Name)  Lombardi
3. Date  30-October-2015
4. Are you the corresponding author?  ☑ Yes  ☐ No
   Corresponding Author’s Name  JN. Argenson
5. Manuscript Title
   An International Perspective in Outpatient Surgery for Adult Hip and Knee Reconstruction
6. Manuscript Identifying Number (if you know it)
   JBJS-D-15-00998

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
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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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Surgical Center Development and White Fence Surgical Suites

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Section 6. Disclosure Statement

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Dr. Lombardi reports personal fees from ZimmerBiomet, outside the submitted work; and Surgical Center Development and White Fence Surgical Suites.

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)  
   Robert

2. Surname (Last Name)  
   Booth

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   JN.Argenson

5. Manuscript Title  
   An International Perspective in Outpatient Surgery for Adult Hip and Knee Reconstruction

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   JBJS-D-15-00998

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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

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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Dr. Booth reports a patent ZimmerBiomet with royalties paid.

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Section 1.  Identifying Information

1.  Given Name (First Name)  Emmanuel
2.  Surname (Last Name)  Thienpont
3.  Date  30-October-2015
4.  Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  JeanNoel Argenson
5.  Manuscript Title  JBJS Global Forum: An International Perspective in Outpatient Surgery for Adult Hip and Knee Reconstruction
6.  Manuscript Identifying Number (if you know it)  JBJS-D-15-00998R1

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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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Board member of the European Knee Society

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Dr. Thienpont reports personal fees from Arthrex, Depuy, Lima, Medacta, Zimmer Biomet, outside the submitted work; and Board member of the European Knee Society.

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Section 1. Identifying Information

1. Given Name (First Name) Henrik
2. Surname (Last Name) Husted
3. Date 30-October-2015
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name JN.Argenson
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<td>Zimmer-Biomet, board member health initiatives</td>
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Dr. Husted reports personal speaking fees from Zimmer-Biomet, and is a board member in Zimmer-Biomet health care initiatives, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name) Jean-Noël
2. Surname (Last Name) Argenson
3. Date 17-October-2015
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
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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
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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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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Section 6. Disclosure Statement

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Dr. Argenson reports a patent Zimmer with royalties paid, and a patent Symbios with royalties paid and JBJS Editorial board member (Deputy Editor).

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