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## Section 1. Identifying Information

1. Given Name (First Name)  
   Justin
2. Surname (Last Name)  
   Bird
3. Date  
   03-June-2015
4. Are you the corresponding author?  
   ![No]
5. Manuscript Title  
   Patellar Resurfacing: Does It Effect Outcomes Of Distal Femur Replacement After Resection Of The Distal Femur?
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Are there any relevant conflicts of interest?  
   ![No]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Bird 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)**
   - Mauricio

2. **Surname (Last Name)**
   - Etchebehere

3. **Date**
   - 03-June-2015

4. Are you the corresponding author?  
   - ✔ Yes

5. **Manuscript Title**
   - Patellar Resurfacing: Does It Effect Outcomes Of Distal Femur Replacement After Resection Of The Distal Femur?

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

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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<td>Scholarship</td>
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Dr. Etchebehere reports grants from São Paulo Research Foundation (FAPESP-BRAZIL), during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Valerae
2. Surname (Last Name)  Lewis
3. Date  04-June-2015
4. Are you the corresponding author?  
   ✔ Yes   No
5. Manuscript Title
   Patellar Resurfacing: Does It Effect Outcomes Of Distal Femur Replacement After Resection Of The Distal Femur?
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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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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Stryker</td>
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<td>☐</td>
<td>Educational grant to MD Anderson Cancer Center</td>
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Dr. Lewis reports grants from Stryker, outside the submitted work;

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Li</td>
</tr>
<tr>
<td>3. Date</td>
<td>03-June-2015</td>
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<td>4. Are you the corresponding author?</td>
<td>No</td>
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<td>Corresponding Author’s Name</td>
<td>Valerae O Lewis</td>
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<tr>
<td>5. Manuscript Title</td>
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4. **Intellectual Property.**

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

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Section 1. Identifying Information

1. Given Name (First Name) Bryan
2. Surname (Last Name) Moon
3. Date 03-June-2015
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Valerae O. Lewis
5. Manuscript Title Patellar Resurfacing: Does It Effect Outcomes Of Distal Femur Replacement After Resection Of The Distal Femur?
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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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Dr. Moon 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)  Robert
2. Surname (Last Name)  Satcher
3. Date  04-June-2015
4. Are you the corresponding author?  No

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.)?  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?  No

Valerae O. Lewis
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jun

2. Surname (Last Name)  
   Yu

3. Date  
   03-June-2015

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

   Corresponding Author’s Name
   Valerae O Lewis

5. Manuscript Title
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