ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Berit
2. Surname (Last Name) Rokne
3. Date 30-April-2015
4. Are you the corresponding author? Yes ☑ No
Corresponding Author’s Name Tesfaye H. Leta

5. Manuscript Title
The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties
A comparative study of 768 total knees and 578 uni knees revised to total knees reported to the Norwegian Arthroplasty Register (1994-2011)

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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Dr. Rokne has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Geir

2. Surname (Last Name)  
Hallan

3. Date  
30-April-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Tesfaye Leta

5. Manuscript Title  
The outcome of unicompartment knee arthroplasties after aseptic revision into total knee arthropasties.

6. Manuscript Identifying Number (if you know it)

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Dr. Hallan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jan-Erik

2. Surname (Last Name)  
   Gjertsen

3. Date  
   30-April-2015

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

   Corresponding Author’s Name  
   Tesfaye H. Leta

5. Manuscript Title  
   The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties

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Dr. Gjertsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Tesfaye Hordofa

2. Surname (Last Name)  
Leta

3. Date  
04-May-2015

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

5. Manuscript Title  
The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties  
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Stein Håkon Låstad  
2. Surname (Last Name)  
   Lygre  
3. Date  
   30-April-2015  
4. Are you the corresponding author?  
   Yes ☑ No  
5. Manuscript Title  
   The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties  
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Dr. Lygre has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ove
2. Surname (Last Name) Furnes
3. Date 30-April-2015
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Tesfaye H. Leta

5. Manuscript Title
The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties
A comparative study of 768 total knees and 578 uni knees revised to total knees reported to the Norwegian Arthroplasty

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Are there any relevant conflicts of interest? ☑ No

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Section 6. Disclosure Statement

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

Dr. Furnes has nothing to disclose.

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**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.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Section 1. Identifying Information
1. Given Name (First Name)  Arne
2. Surname (Last Name)  Skredderstuen
3. Date  04-May-2015
4. Are you the corresponding author?  Yes  No
    Corresponding Author’s Name  Tesfaye H. Leta
5. Manuscript Title
    The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties
    A comparative study of 768 total knees and 578 uni knees revised to total knees reported to the Norwegian arthroplasty
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Skredderstuen has nothing to disclose.

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