ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Royalties:** Funds are coming in to you or your institution due to your patent
### Identifying Information

1. Given Name (First Name)  
   Allan

2. Surname (Last Name)  
   Liew

3. Date  
   20-September-2014

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

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

### The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   Yes ☐  No ✔

### 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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Dr. Liew 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)  
   Paul

2. Surname (Last Name)  
   Beaule

3. Date  
   29-September-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Steve Papp

5. Manuscript Title  

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.)?

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   ✔ No

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   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Derek

2. Surname (Last Name)  
   Butterwick

3. Date  
   20-September-2014

4. Are you the corresponding author?  
   Yes ✗ No

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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## Section 4. Intellectual Property -- Patents & Copyrights

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Gofton
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wade

2. Surname (Last Name)  
   Gofton

3. Date  
   20-September-2014

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

   Corresponding Author’s Name
   Steven Papp

5. Manuscript Title  

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>
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<th>Non-Financial Support?</th>
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Dr. Gofton reports personal fees from Microport, grants from Synthes, personal fees from Zimmer, outside the submitted work.

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1. Given Name (First Name)  
   Steve  
2. Surname (Last Name)  
   Papp  
3. Date  
   20-September-2014  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
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Papp
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