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)  
Leonard

2. Surname (Last Name)  
Shan

3. Date  
08-March-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Akshat Saxena

5. Manuscript Title  
Mid and Long-term Quality of Life after Total Knee Replacement: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
JBJS submission 13-00372

**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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Shan has nothing to disclose.

**Evaluation and Feedback**

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1. Given Name (First Name)  
   Bernard

2. Surname (Last Name)  
   Shan

3. Date  
   08-March-2014

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

   Corresponding Author’s Name  
   Akshat Saxena

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   JBJS submission 13-00372

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Fred

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

3. **Date**
   - 08-March-2014

4. **Are you the corresponding author?**
   - No

   **Corresponding Author’s Name**
   - Akshat Saxena

5. **Manuscript Title**
   - Mid and Long-term Quality of Life after Total Knee Replacement: A Systematic Review and Meta-Analysis

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-13-00372

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1. Given Name (First Name)  
   Akshat

2. Surname (Last Name)  
   Saxena

3. Date  
   08-March-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

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Enter your full name. If you are NOT the corresponding author please check the box “no” and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Arnold

2. Surname (Last Name)  
   Suzuki

3. Effective Date (07-August-2008)  
   11-August-2013

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

   Corresponding Author’s Name  
   Akshat Saxena

5. Manuscript Title  
   Long-term Quality of Life after Total Knee Replacement: A Systematic Review and Meta-Analysis

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   JBJS-D-13-00372R1

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<th>Type</th>
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<td>✗</td>
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<td>✔</td>
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<td>✗</td>
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<td>5. Payment for writing or reviewing the manuscript</td>
<td>✔</td>
<td>✗</td>
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<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
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* This means money that your institution received for your efforts on this study.
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<td></td>
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<tr>
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<td>☐</td>
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<td></td>
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</tr>
<tr>
<td>3. Employment</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Expert testimony</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
### Relevant financial activities outside the submitted work

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Patents (planned, pending or issued)</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
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<tr>
<td>9. Royalties</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Payment for development of educational presentations</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Stock/stock options</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

### Section 4. Other relationships

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?

- ✔ No other relationships/conditions/circumstances that present a potential conflict of interest
- ✗ Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.