ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Reto

2. Surname (Last Name)  
   Wettstein

3. Date  
   07-October-2016

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   The pedicled medial sural artery perforator flap for soft tissue reconstruction around the knee joint. A valuable alternative for the gastrocnemius muscle flap.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wettstein has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Daniel</td>
<td>Kalbermatten</td>
<td>27-March-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Wettstein

5. Manuscript Title
"The medial sural artery perforator flap: First choice for soft tissue reconstruction around the knee joint."

6. Manuscript Identifying Number (if you know it)
JBJS-D-16-01401

## 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✔ No
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Section 6. Disclosure Statement

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Dr. Kalbermatten 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)  
Barbara Marie

2. Surname (Last Name)  
Ling

3. Date  
28-March-2017

4. Are you the corresponding author?  
[ ] Yes  [✓] No  
Corresponding Author’s Name  
Reto Wettstein

5. Manuscript Title  
The medial sural artery perforator flap: First choice for soft tissue reconstruction around the knee joint

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01401R1

Section 2. The Work Under Consideration for Publication

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

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Section 1. Identifying Information

1. Given Name (First Name)  Dirk
2. Surname (Last Name)    Schaefer
3. Date                   21-March-2017
4. Are you the corresponding author?   ☑ No
   Corresponding Author’s Name   Reto Wettstein
5. Manuscript Title
   The medial sural artery perforator flap: First choice for soft tissue reconstruction around the knee joint
6. Manuscript Identifying Number (if you know it)
   JBJS-D-16-01401R1

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Dr. Schaefer has nothing to disclose.

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<tr>
<td>Daniel</td>
<td>Staub</td>
<td>14-March-2017</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Reto Wettstein

5. Manuscript Title
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Dr. Staub has nothing to disclose.

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