ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Anthony

2. Surname (Last Name)  
Brown

3. Date  
09-December-2017

4. Are you the corresponding author?  
Yes ✗ No

Corresponding Author’s Name  
Matthew Grosso

5. Manuscript Title  
A Prospective Randomized Trial Comparing Adductor Canal Block and Periarticular Bupivacaine Injection for TKAs

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01177

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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. Brown reports grants from OREF, during the conduct of the study; .

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)  
   Akshay  

2. Surname (Last Name)  
   Lakra  

3. Date  
   09-December-2017  

4. Are you the corresponding author?  
   Yes ✔  

   Corresponding Author’s Name  
   Matthew Grosso  

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   Yes ✔  
   No  

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Cooper
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   H. John

2. Surname (Last Name)  
   Cooper

3. Date  
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4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author's Name  
   Matthew Grosso

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   [ ] No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Geller

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   Matthew Grosso

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1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Grosso
3. Date  09-December-2017
4. Are you the corresponding author?  ✔ Yes  ☐ No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Maniker
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Maniker
3. Date  09-December-2017
4. Are you the corresponding author?  Yes
5. Manuscript Title
A Prospective Randomized Trial Comparing Adductor Canal Block and Periarticular Bupivacaine Injection for TKAs
6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01177

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 09-December-2017

4. **Are you the corresponding author?**
   - Yes

   **Corresponding Author’s Name**
   - Matthew Grosso

5. **Manuscript Title**
   - A Prospective Randomized Trial Comparing Adductor Canal Block and Periarticular Bupivacaine Injection for TKAs

6. **Manuscript Identifying Number (if you know it)**
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Section 1. Identifying Information

1. Given Name (First Name)  
Taylor

2. Surname (Last Name)  
Murtaugh

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09-December-2017

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Yes ☑ No

Corresponding Author’s Name  
Matthew Grosso

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

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   - Macaulay

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