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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia</td>
<td>Kahlenberg</td>
<td>19-December-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
Type of Anticoagulant used after Total Knee Arthroplasty affects the Rate of Knee Manipulation for Post-Operative Stiffness

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01110

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Are there any relevant conflicts of interest? [ ] Yes [ ] 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. Kahlenberg has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Shawn

2. Surname (Last Name)  
   Richardson

3. Date  
   19-December-2017

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
   Cynthia Kahlenberg

5. Manuscript Title  
   Type of Anticoagulant used after Total Knee Arthroplasty affects the Rate of Knee Manipulation for Post-Operative Stiffness

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Dr. Richardson has nothing to disclose.

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1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Schairer

3. Date  
   19-December-2017

4. Are you the corresponding author?  
   Yes  No  ✔

   Corresponding Author’s Name  
   Cynthia Kahlenberg

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Peter

2. Surname (Last Name)  
Sculco

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Corresponding Author's Name
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