ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. Identifying information.

2. The work under consideration for publication.

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
Matthew

2. Surname (Last Name) 
Abdel

3. Date 
05-September-2017

4. Are you the corresponding author? 
✓ Yes  
No

5. Manuscript Title
Extensor Mechanism Reconstructions with Knitted Monofilament Polypropylene Mesh: Large Series of 77 Total Knee Arthroplasties

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? 
✓ Yes  
No

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Section 4. 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. Abdel reports personal fees from Stryker, outside the submitted work.

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<td>Arlen</td>
<td>Hanssen</td>
<td>12-September-2017</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
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<td>Matthew P Abdel MD</td>
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5. Manuscript Title

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Dr. Hanssen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kristin

2. Surname (Last Name)  
   Mara

3. Date  
   05-September-2017

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Matthew P Abdel MD

5. Manuscript Title  
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   No
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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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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.

Ms. Mara has nothing to disclose.

**Evaluation and Feedback**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Pagnano

3. Date  
   06-September-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Matthew P Abdel MD

5. Manuscript Title  
   Extensor Mechanism Reconstructions with Knitted Monofilament Polypropylene Mesh: Large Series of 77 Total Knee Arthroplasties

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Are there any relevant conflicts of interest?  
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<tbody>
<tr>
<td>Kevin</td>
<td>Perry</td>
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</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Matthew P Abdel MD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Salib

3. Date  
   05-September-2017

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name
   Matthew P Abdel MD

5. Manuscript Title  
   Extensor Mechanism Reconstructions with Knitted Monofilament Polypropylene Mesh: Large Series of 77 Total Knee Arthroplasties

6. Manuscript Identifying Number (if you know it)

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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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Dr. Salib has nothing to disclose.

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