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)  
   Antonia F.

2. Surname (Last Name)  
   Chen

3. Date  
   23-February-2018

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

5. Manuscript Title  
   Robotic Technology in Orthopaedic Surgery

6. Manuscript Identifying Number (if you know it)

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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    ✔ Yes    ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Chen reports personal fees from SLACK publishing, other from Joint Purification Systems, personal fees from ACI, personal fees from Stryker, personal fees from bOne, personal fees from DJO, other from Sonoran Biosciences, other from Graftworx, personal fees from Pfizer, personal fees from Haylard, personal fees from Irrisept, personal fees from Convatec, grants from OREF, outside the submitted work; .
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Asim

2. Surname (Last Name)  
   Makhdom

3. Date  
   23-February-2018

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

   Corresponding Author’s Name  
   Antonia Chen

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

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Jessop
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 23-February-2018

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

   **Corresponding Author’s Name**
   - Antonia Chen

5. **Manuscript Title**
   - Robotic Technology in Orthopaedic Surgery

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

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1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Kazarian

3. Date  
   23-February-2018

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   Yes ✔ No

Corresponding Author’s Name  
Antonia Chen

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