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.

5. Relationships not covered above.

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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) William
2. Surname (Last Name) Harmsen
3. Date 05-February-2018
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Daniel J Berry MD

5. Manuscript Title
Effect of Physical Parameters on Outcomes of Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Harmsen has nothing to disclose.

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<tr>
<td>Cathy</td>
<td>Schleck</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Daniel J Berry MD

5. Manuscript Title
Effect of Physical Parameters on Outcomes of Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Ms. Schleck has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Berry

3. Date  
   06-February-2018

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

5. Manuscript Title  
   Effect of Physical Parameters on Outcomes of Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>Member, Steering Committee</td>
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<td>Stock/Scientific Advisor</td>
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</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
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Dr. Berry reports personal fees from Journal of Bone and Joint Surgery, personal fees from DePuy, personal fees from Wolters Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, other from International Hip Society, other from International Society of Arthroplasty Registries, other from Bodycad, outside the submitted work; In addition, Dr. Berry has a patent DePuy issued.
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Tyson

2. Surname (Last Name)  
Christensen

3. Date  
06-February-2018

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

Corresponding Author’s Name  
Daniel J Berry MD

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

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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Wagner
3. Date 02-February-2018

4. Are you the corresponding author? Yes ✔ No

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Are there any relevant conflicts of interest? Yes ✔ No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Wagner has nothing to disclose.

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