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)  
   Thomas

2. Surname (Last Name)  
   Schmalzried

3. Date  
   28-November-2017

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Lymphocyte Transformation Testing (LTT) in Painful Total Knee Arthroplasty

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

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.

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<th>Non-Financial Support?</th>
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<td>Editorial Board</td>
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Section 6. Disclosure Statement

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Dr. Schmalzried reports other from Piedmont Foundation, during the conduct of the study; other from DePuy, Johnson & Johnson, other from Myoscience, other from Orthopedics Today, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Matthew
2. **Surname (Last Name)**
   Dipane
3. **Date**
   28-November-2017
4. **Are you the corresponding author?**
   - Yes
   - No
   ✔
   **Corresponding Author’s Name**
   Steven Yang
5. **Manuscript Title**
   Lymphocyte Transformation Testing (LTT) in Painful Total Knee Arthroplasty: Little Relationship to Pathology and Revision Outcomes
6. **Manuscript Identifying Number (if you know it)**

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Mr. Dipane has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Conrad
2. Surname (Last Name) Lu
3. Date 28-November-2017
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Steven Yang, MD
5. Manuscript Title Lymphocyte Transformation Testing in Painful Total Knee Arthroplasty
6. Manuscript Identifying Number (if you know it)

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Dr. Lu has nothing to disclose.

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<td>McPherson</td>
<td>28-November-2017</td>
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4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Steven Yang

5. Manuscript Title
Lymphocyte Transformation Testing (LTT) in Painful Total Knee Arthroplasty: Little Relationship to Pathology and Revision Outcomes

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Dr. McPherson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Steven  

2. Surname (Last Name)  
Yang  

3. Date  
28-November-2017  

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

5. Manuscript Title  
Lymphocyte Transformation Testing (LTT) in Painful Total Knee Arthroplasty: Little Relationship to Pathology and Revision  

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