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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alana

2. Surname (Last Name)  
   Cuthbert

3. Date  
   03-January-2019

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

Corresponding Author’s Name  
Christopher Vertullo

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-01350

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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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

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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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. Cuthbert has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Stephen
2. Surname (Last Name)  Graves
3. Date  03-January-2019
4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Christopher Vertullo

5. Manuscript Title
6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-01350

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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Are there any relevant conflicts of interest?  Yes  ☑ No

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. Graves has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Peter
2. Surname (Last Name)  
   Lewis
3. Date  
   03-January-2019
4. Are you the corresponding author?  
   ☐ Yes  ☑ No

Corresponding Author’s Name  
Christopher Vertullo

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
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Dr. Lewis has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Christopher
2. **Surname (Last Name)**
   - Vertullo
3. **Date**
   - 03-January-2019
4. **Are you the corresponding author?**
   - Yes ☑️ No

5. **Manuscript Title**
6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-01350

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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>☐</td>
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Dr. Vertullo reports grants from Ramsay Health, grants from Allocuro, personal fees from Arthrex, outside the submitted work.

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