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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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Joost

2. Surname (Last Name)  
   Burger

3. Date  
   20-November-2018

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

5. Manuscript Title  
   Do preoperative radiographic patellofemoral degenerative changes and malalignment compromise patellofemoral-specific outcome scores following fixed-bearing medial unicompartmental knee arthroplasty?

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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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 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Burger has nothing to disclose.

Evaluation and Feedback

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4. **Intellectual Property.**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jill  

2. Surname (Last Name)  
   Kleeblad  

3. Date  
   20-November-2018  

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Joost Burger

5. Manuscript Title  
   Do preoperative radiographic patellofemoral degenerative changes and malalignment compromise patellofemoral-specific outcome scores following fixed-bearing medial unicompartmental knee arthroplasty?

6. Manuscript Identifying Number (if you know it)

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**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?  
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**Section 3. Relevant financial activities outside the submitted work.**

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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. Kleeblad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Niels

2. Surname (Last Name)  
Laas

3. Date  
20-November-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Joost Burger

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Pearle

3. Date  
   20-November-2017

4. Are you the corresponding author?  
   Yes ☑

   Corresponding Author’s Name  
   Joost Burger

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

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Dr. Pearle reports personal fees from Stryker Corp., personal fees from Zimmer Biomet, personal fees from Exactech, outside the submitted work.

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