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)  
Anders

2. Surname (Last Name)  
El-Galaly

3. Date  
01-March-2019

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

5. Manuscript Title  
Medial Unicompartmental Knee Arthroplasties triplicates the risk of revision in subsequent Total Knee Arthroplasties

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01468

**Section 2. The Work Under Consideration for Publication**

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

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Dr. El-Galaly has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andreas
2. Surname (Last Name) Kappel
3. Date 01-March-2019
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Anders El-Galaly

5. Manuscript Title
Medial Unicompartmental Knee Arthroplasties triplicates the risk of revision in subsequent Total Knee Arthroplasties

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01468

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Dr. Kappel has nothing to disclose.

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1. Given Name (First Name)  
Poul Torben

2. Surname (Last Name)  
Nielsen

3. Date  
01-March-2019

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

Corresponding Author’s Name  
Anders El-Galaly

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1. Given Name (First Name)  Steen Lund
2. Surname (Last Name)     Jensen
3. Date                     01-March-2019
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   Anders El-Galal
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