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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Craig

2. Surname (Last Name)  
Della Valle

3. Date  
01-July-2014

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

Corresponding Author’s Name  
Brandon Erickson

5. Manuscript Title  
Acute Decompression for Peroneal Nerve Palsy Following Primary Total Knee Arthroplasty: A Report of Two Cases

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

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<thead>
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<th>Grant?</th>
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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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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. Della Valle reports grants and personal fees from Biomet, personal fees from DePuy, grants and personal fees from Smith & Nephew, grants and personal fees from CD Diagnostics, personal fees from Convatec, outside the submitted work;

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)  
   John

2. Surname (Last Name)  
   Fernandez

3. Date  
   30-June-2014

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

   Corresponding Author’s Name  
   Brandon Erickson

5. Manuscript Title  
   Acute Decompression for Peroneal Nerve Palsy Following Primary Total Knee Arthroplasty: A Report of Two Cases

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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 ☐

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Dr. Fernandez reports personal fees from Tornier, outside the submitted work;

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1. **Given Name (First Name)**  
   Nicholas

2. **Surname (Last Name)**  
   Brown

3. **Date**  
   30-June-2014

4. **Are you the corresponding author?**  
   ✔ No

   **Corresponding Author’s Name**  
   Brandon Erickson

5. **Manuscript Title**  
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6. **Manuscript Identifying Number (if you know it)**

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Dr. Brown has nothing to disclose.

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1. Given Name (First Name)  
   Brandon

2. Surname (Last Name)  
   Erickson

3. Date  
   30-June-2014

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

5. Manuscript Title  
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