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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Trevor  

2. Surname (Last Name)  
Gaskill  

3. Date  
03-March-2014  

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

Corresponding Author’s Name  
Robert F. LaPrade, MD, PhD  

5. Manuscript Title  
Anterolateral Proximal Tibial Opening Wedge Osteotomy to Treat Symptomatic Genu Recurvatum in Patients with Valgus Alignment  

6. Manuscript Identifying Number (if you know it)  

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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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. Gaskill has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   LaPrade

3. Date  
   03-March-2014

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

5. Manuscript Title  
   Anterolateral Proximal Tibial Opening Wedge Osteotomy to Treat Symptomatic Genu Recurvatum with Valgus Alignment

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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

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Dr. LaPrade reports grants from Health East Norway, grants from AOSSM, personal fees from Arthrex, personal fees and other from Arthrex, outside the submitted work.

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<tbody>
<tr>
<td>E van</td>
<td>James</td>
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4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name

Robert F. LaPrade, MD, PhD

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   Casey

2. Surname (Last Name)  
   Pierce

3. Date  
   03-March-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Robert F. LaPrade, MD, PhD

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