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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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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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
### Section 1. Identifying Information

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

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

3. **Date**
   16-June-2016

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name
   Karim Sabeh, MD

5. **Manuscript Title**
   Soft Tissue Diaphyseal Tibial Mass After Total Knee Arthroplasty

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

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

### Section 4. Intellectual Property -- Patents & Copyrights

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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. Carter has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Identifying Information

1. Given Name (First Name)  
   Raymond

2. Surname (Last Name)  
   Robinson

3. Date  
   15-June-2016

4. Are you the corresponding author?  
   Yes [x]  No [ ]

5. Manuscript Title  
   Soft Tissue Diaphyseal Tibial Mass After Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

## 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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Dr. Robinson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Rosenberg

3. Date  
   01-July-2016

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

5. Manuscript Title  
   Soft Tissue Diaphyseal Tibial Mass After Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Rosenberg has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Karim  

2. Surname (Last Name)  
   Sabeh  

3. Date  
   15-June-2016  

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

5. Manuscript Title  
   Soft Tissue Diaphyseal Tibial Mass After Total Knee Arthroplasty  

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Dr. Sabeh has nothing to disclose.

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