ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  David
2. Surname (Last Name)  Boyajian
3. Date  29-December-2017
4. Are you the corresponding author?  No
5. Manuscript Title
Knee Osteoarthritis with Chronic Quadriceps Tendon Rupture Treated with Total Knee Arthroplasty and Extensor Mechanism Allograft Reconstruction: A Case Report
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6.

Disclosure Statement

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Dr. Boyajian has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael  

2. Surname (Last Name)  
   DeRogatis

3. Date  
   18-October-2017

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

   Corresponding Author’s Name  
   Paul Issack MD, PhD

5. Manuscript Title  
   Knee Osteoarthritis with Chronic Quadriceps Tendon Rupture Treated with Total Knee Arthroplasty and Extensor Mechanism Allograft Reconstruction: A Case Report

6. Manuscript Identifying Number (if you know it)

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Mr. DeRogatis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Paul

2. Surname (Last Name)  
Issack

3. Date  
18-October-2017

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

5. Manuscript Title  
Knee Osteoarthritis with Chronic Quadriceps Tendon Rupture Treated with Total Knee Arthroplasty and Extensor Mechanism Allograft Reconstruction: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Issack has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Lee
3. Date  18-October-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Paul Issack MD, PhD
5. Manuscript Title
   Knee Osteoarthritis with Chronic Quadriceps Tendon Rupture Treated with Total Knee Arthroplasty and Extensor Mechanism Allograft Reconstruction: A Case Report
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Mr. Lee has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Allison  

2. Surname (Last Name)  
   Piatek  

3. Date  
   18-October-2017  

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

   Corresponding Author’s Name  
   Paul Issack MD, PhD  

5. Manuscript Title  
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Ms. Piatek has nothing to disclose.

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