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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**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)  Gerald
2. Surname (Last Name)  Atkins
3. Date  29-October-2018

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Lucian B Solomon

5. Manuscript Title
Surgical technique to manage periprosthetic fractures of the knee in patients with infected ulcers

6. Manuscript Identifying Number (if you know it)
CC-D-18-00347

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

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Are there any relevant conflicts of interest?  ☑ No

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

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Are there any relevant conflicts of interest?  ☑ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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Section 6. Disclosure Statement

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Dr. Atkins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Donald
2. Surname (Last Name) Howie
3. Date 29-October-2018
4. Are you the corresponding author?  No

Corresponding Author’s Name
Lucian B Solomon

5. Manuscript Title
Surgical technique to manage periprosthetic fractures of the knee in patients with infected ulcers

6. Manuscript Identifying Number (if you know it)
CC-D-18-00347

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  No

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Dr. Howie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Smitham

3. Date  
   29-October-2018

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

   Corresponding Author’s Name  
   Lucian B Solomon

5. Manuscript Title  
   Surgical technique to manage periprosthetic fractures of the knee in patients with infected ulcers

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00347

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Dr. Smitham has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lucian  

2. Surname (Last Name)  
   Solomon  

3. Date  
   29-October-2018  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Surgical technique to manage periprosthetic fractures of the knee in patients with infected ulcers  

6. Manuscript Identifying Number (if you know it)  
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Ashray
2. Surname (Last Name)  
   Vohora
3. Date  
   29-October-2018
4. Are you the corresponding author?  
   ☐ Yes  
   ✅ No

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
<th>Lucian B Solomon</th>
</tr>
</thead>
</table>

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Vohora has nothing to disclose.

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