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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Anderson

3. Date  
   23-April-2016

4. Are you the corresponding author?  
   No

   Corresponding Author's Name  
   Michael Ries

5. Manuscript Title  
   Tibial Tubercle Osteotomy To Aid In Exposure For Revision 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?  
   No

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Are there any relevant conflicts of interest?  
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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. Anderson has nothing to disclose.

Evaluation and Feedback

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DeHaan
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Alex
2. Surname (Last Name)  DeHaan
3. Date  23-April-2016

4. Are you the corresponding author?  No  ✔
   Corresponding Author's Name  Michael Ries

5. Manuscript Title
   Tibial Tubercle Osteotomy To Aid In Exposure For Revision 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?  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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Dr. DeHaan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Ries
3. Date  23-April-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Tibial Tubercle Osteotomy To Aid In Exposure For Revision Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td></td>
<td></td>
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Dr. Ries reports personal fees from Smith and Nephew, Inc, personal fees from Stryker, Inc, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Sanjai
2. Surname (Last Name)  Shukla
3. Date  23-April-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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Dr. Shukla has nothing to disclose.

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