ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
2. **The work under consideration for publication.**
   - This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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4. **Intellectual Property.**
   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
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- **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)  Michael
2. Surname (Last Name)  Hellman
3. Date  21-January-2017
4. Are you the corresponding author?  [No]

Corresponding Author’s Name  Craig Della Valle

5. Manuscript Title  Medial Gastrocnemius Flap in the Course of Treatment for an Infected Total Knee Arthroplasty

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

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. Hellman has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Tetreault
3. Date 21-January-2017
4. Are you the corresponding author? □ Yes □ No
   Corresponding Author’s Name Craig Della Valle
5. Manuscript Title Medial Gastrocnemius Flap in the Course of Treatment for an Infected Total Knee Arthroplasty
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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Dr. Tetreault has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Wysocki

3. Date  
   16-January-2017

4. Are you the corresponding author?  
   Yes  ✔  No
   Corresponding Author's Name  
   Craig Della Valle

5. Manuscript Title  
   Medial Gastrocnemius Flap in the Course of Treatment for an Infected Total Knee Arthroplasty

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Dr. Wysocki has nothing to disclose.

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1. Given Name (First Name)  
Craig

2. Surname (Last Name)  
Della Valle

3. Date  
16-January-2017

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

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If yes, please fill out the appropriate information below.

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Dr. Della Valle reports personal fees from CD Diagnostics, grants and personal fees from Smith and Nephew, personal fees from DePuy, grants from Stryker, grants and personal fees from Zimmer-Biomet, outside the submitted work.

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