

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) Anthony	2. Surname (Last Name) Johnson	3. Date 17-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robyn L Chalupa
5. Manuscript Title Contralateral Knee Injuries in Military Service Members with Unilateral Lower Extremity Amputations		
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

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Custodian, Military Orthopaedic Trauma Registry
Past President, Society of Military Orthopaedic Surgeons
Multiple Committees, American Academy of Orthopaedic Surgeons

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Dr. Johnson reports and Custodian, Military Orthopaedic Trauma Registry
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robyn

2. Surname (Last Name)
Chalupa

3. Date
16-December-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Contralateral Knee Injuries in Military Service Members with Unilateral Lower Extremity Amputations

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. Chalupa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jessica

2. Surname (Last Name)
Rivera

3. Date
28-December-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Robyn L Chalupa

5. Manuscript Title
Contralateral Knee Injuries in Military Service Members with Unilateral Lower Extremity Amputations

6. Manuscript Identifying Number (if you know it)

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Dr. Rivera has nothing to disclose.

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1. Given Name (First Name) Adrian	2. Surname (Last Name) Donias	3. Date 16-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robyn L Chalupa
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