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.

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3. Relevant financial activities outside the submitted work.

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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

Johnson
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? ☑ 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)

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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Are there any relevant conflicts of interest? ☑ Yes  ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes  ☐ No
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☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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

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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. Johnson reports and Custodian, Military Orthopaedic Trauma Registry
Past President, Society of Military Orthopaedic Surgeons
Multiple Committees, American Academy of Orthopaedic Surgeons.

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## 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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   ✔ No  
   Yes  

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

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Are there any relevant conflicts of interest?  
   ✔ No  
   Yes  

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No  
   Yes
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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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Are there any relevant conflicts of interest?  Yes  No

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Dr. Rivera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Adrian
2. Surname (Last Name)  Donias
3. Date  16-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
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