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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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)  
   Moin

2. Surname (Last Name)  
   Khan

3. Date  
   02-August-2017

4. Are you the corresponding author?  
   ✔ Yes  
   □ No

5. Manuscript Title  
   Non-Operative Treatments for Knee Osteoarthritis: Are they Equally Effective?

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Khan has nothing to disclose.

Evaluation and Feedback

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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)  Mohit
2. Surname (Last Name)  Bhandari
3. Date  02-August-2017
4. Are you the corresponding author?  Yes
5. Manuscript Title  Non-Operative Treatments for Knee Osteoarthritis: Are they Equally Effective?
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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Dr. Bhandari reports grants from Sanofi, during the conduct of the study; grants from Ferring, personal fees from Pendopharm, outside the submitted work;

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Bhandari
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Section 1. Identifying Information

1. Given Name (First Name)  
   PATRICK SHU HANG

2. Surname (Last Name)  
   YUNG

3. Date  
   02-August-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Moin Khan

5. Manuscript Title  
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Dr. YUNG has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher
2. Surname (Last Name) Vannabouathong
3. Date 31-July-2017
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name Moin Khan

5. Manuscript Title
Non-Operative Treatments for Knee Osteoarthritis: Are they Equally Effective?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  
Asheesh

2. Surname (Last Name)  
Bedi

3. Date  
01-August-2017

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Moin Khan

5. Manuscript Title  
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Dr. Bedi reports personal fees from Arthrex, outside the submitted work.

Evaluation and Feedback

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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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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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
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1. Given Name (First Name)  
   Vijay

2. Surname (Last Name)  
   Shetty

3. Date  
   31-July-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Moin Khan

5. Manuscript Title
   Non-Operative Treatments for Knee Osteoarthritis: Are they Equally Effective?

6. Manuscript Identifying Number (if you know it)

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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?  
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Dr. Shetty has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Vickas
2. Surname (Last Name) Khanna
3. Date 30-July-2017

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Moin Khan

5. Manuscript Title
Non-Operative Treatments for Knee Osteoarthritis: Are they Equally Effective?

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Are there any relevant conflicts of interest? ☑ No

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Dr. Khanna reports a family member is an employee of Stryker Canada.

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