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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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Andrew

2. **Surname (Last Name)**  
   Pepper

3. **Date**  
   27-November-2017

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   ✔ No

5. **Manuscript Title**  
   Gap Balancing, Measured Resection and Kinematic Alignment: How, When and Why?

6. **Manuscript Identifying Number (if you know it)**  
   N/A

### 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  
   ✔ No

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

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- Yes  
- No  
   ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
- No  
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Dr. Pepper has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Jordan
2. Surname (Last Name) Werner
3. Date 27-November-2017
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
   Gap Balancing, Measured Resection and Kinematic Alignment: How, When and Why?
6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
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<tr>
<td>Jonathan</td>
<td>Vigdorchik</td>
<td>27-November-2017</td>
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   John  
2. Surname (Last Name)  
   Mercuri  
3. Date  
   27-November-2017  
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   ✔ No  
   Corresponding Author’s Name  
   Jonathan Vigdorchik

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Dr. Mercuri has nothing to disclose.

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