ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Adam</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Mierzwa</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-January-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Surgical approaches, postoperative care, and outcomes associated with intra-articular Hoffa Fractures: A comprehensive review</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>REVIEWS-D-18-00143</td>
</tr>
</tbody>
</table>

## Section 2. The Work Under Consideration for Publication

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

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

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Section 6. Disclosure Statement

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Adam Mierzwa has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Kristin
2. Surname (Last Name)  
Toy
3. Date  
02-January-2019
4. Are you the corresponding author?  
☐ Yes  ☑ No
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REVIEWS-D-18-00143

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Kristin Toy has nothing to disclose.

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Dr. Ebraheim has nothing to disclose.

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1. Given Name (First Name)  
   **Meaghan**  
2. Surname (Last Name)  
   **Tranovich**  
3. Date  
   **02-January-2019**  

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

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