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.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name)  William
2. Surname (Last Name)  Hamilton
3. Date  21-January-2019
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Michael Held
5. Manuscript Title
Recurrent Hemarthrosis in Total Knee Arthroplasty
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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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant</th>
<th>Personal Fees</th>
<th>Non-Financial Support</th>
<th>Other</th>
<th>Comments</th>
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Section 6. Disclosure Statement

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Dr. Hamilton reports personal fees from Depuy Synthes, personal fees from Total Joint Orthopedics, outside the submitted work.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
# Identifying Information

1. **Given Name (First Name)**
   - Akhilesh

2. **Surname (Last Name)**
   - Sista

3. **Date**
   - 22-January-2019

4. **Are you the corresponding author?**
   - Yes  ✔

**Corresponding Author's Name**
- Michael Held

5. **Manuscript Title**
   - Recurrent Hemarthrosis Following Total Knee Arthroplasty

6. **Manuscript Identifying Number (if you know it)**
   - 

# The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?
- Yes  ✔

# Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?
- Yes  ✔

# Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
- Yes  ✔

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**Sista**
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Section 5. Relationships not covered above

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Dr. Sista has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Grosso

3. Date  
   23-January-2019

4. Are you the corresponding author?  
   [ ] Yes   ✔ No

   Corresponding Author’s Name  
   Michael Held

5. Manuscript Title  
   Recurrent Hemarthrosis Following Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Grosso has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**  
   28-January-2019

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

5. **Manuscript Title**  
   Recurrent Hemarthrosis Following Total Knee Arthroplasty

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?  
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- No  
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## Section 4. Intellectual Property -- Patents & Copyrights

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Held

3. Date  
   21-January-2019

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

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

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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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

**Entity**: government agency, foundation, commercial sponsor, academic institution, etc.

**Grant**: A grant from an entity, generally [but not always] paid to your organization

**Personal Fees**: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

**Issued**: The patent has been issued by the agency

**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Macaulay

3. Date  
   23-January-2019

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Recurrent Hemarthrosis Following Total knee arthroplasty

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?  
   No

Section 3. Relevant financial activities outside the submitted work.

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.

Are there any relevant conflicts of interest?  
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 5. Relationships not covered above

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