

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Guido	2. Surname (Last Name) Antonini	3. Date 01-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pier Francesco Indelli
5. Manuscript Title "Intraoperative Sensing Technology to Achieve Balance in Primary TKA: A Review of the Literature"		
6. Manuscript Identifying Number (if you know it) Reviews-D-19-00008R1		

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Dr. Antonini 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) Abiram	2. Surname (Last Name) Bala	3. Date 01-March-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Pier Francesco Indelli
5. Manuscript Title "Intraoperative Sensing Technology to Achieve Balance in Primary TKA: A Review of the Literature"		
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Dr. Bala has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Stefano

2. Surname (Last Name)
Ghirardelli

3. Date
01-March-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Pier Francesco Indelli

5. Manuscript Title

"Intraoperative Sensing Technology to Achieve Balance in Primary TKA: A Review of the Literature"

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Reviews-D-19-00008R1

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Pier Francesco

2. Surname (Last Name)
Indelli

3. Date
01-March-2019

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5. Manuscript Title
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