ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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): Joern Bengt
2. Surname (Last Name): Seeger
3. Effective Date (07-August-2008): 01-February-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Priv.-Doz. Dr. med. Michael Clarius

5. Manuscript Title: The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-110116r1

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
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						ADD
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						ADD
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						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Eric
2. Surname (Last Name): Roehner
3. Effective Date (07-August-2008): 01-February-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Priv.-Doz. Dr. med. Michael Clarius

5. Manuscript Title: The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
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						ADD
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						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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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): Mohr
3. Effective Date (07-August-2008): 31-January-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Michael Clarius

5. Manuscript Title
The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-11-0116

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						ADD
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						ADD
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						ADD
7. Other	☑	☐	☐			✕
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						ADD
2. Consultancy	☑	☐	☐			✕
						ADD
3. Employment	☐	☑	☐	Vulpius Klinik GmbH Bad Rappenau, Germany	resident in orthopaedic surgery (2nd year)	✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
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Section 1. Identifying Information

1. Given Name (First Name): Sebastian
2. Surname (Last Name): Jaeger
3. Effective Date (07-August-2008): 01-February-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Priv.-Doz. Dr. med. Michael Clarius

5. Manuscript Title: The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

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						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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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.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Clarius
3. Effective Date (07-August-2008): 01-February-2012

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-11-0116

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☐	☐	☑	Biomet	The study was supported by Biomet with implants, cement and surgical instruments.	×
1. Grant	☐	☐	☑	Research fund of the county Baden-Württemberg and the university of Heidelberg		×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×

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The Work Under Consideration for Publication						
Type	**No**	**Money Paid to You**	**Money to Your Institution***	**Name of Entity**	**Comments****	
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×
						ADD
7. Other	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	**No**	**Money Paid to You**	**Money to Your Institution***	**Entity**	**Comments**	
1. Board membership	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
2. Consultancy	☐	☑	☑	Biomet, Aesculap	Dr. Clarius serves as a paid consultant for Aesculap and Biomet and has received research or institutional support from Biomet. However, Aesculap or Biomet did not exert an influence on the study methods, results, or interpretation of the data.	×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☐	☑	☐	Biomet, Aesculap, DePuy, Zimmer		×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☐	☑	☐	Biomet	Dr. Clarius runs surgical courses together with Biomet.	×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD

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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Rudi Georg
2. Surname (Last Name): Bitsch
3. Effective Date (07-August-2008): 01-February-2012

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Priv.-Doz. Dr. med. Michael Clarius

5. Manuscript Title: The effect of bone lavage on femoral cement penetration and interface temperature during cemented Oxford Unicompartmental Knee Arthroplasty

6. Manuscript Identifying Number (if you know it): JBJS-D-110116r1

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			✕
						ADD

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						ADD
2. Consultancy	☑	☐	☐			✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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