

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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**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)

Taylor R

2. Surname (Last Name)

Beahrs

3. Date

08-October-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Robert T. Trousdale MD

5. Manuscript Title

Complex Primary Total Knee Arthroplasty: Long Term Outcomes

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?

☐ Yes

☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ 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. Beahrs has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John R

2. Surname (Last Name)  
Martin

3. Date  
08-October-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Robert T. Trousdale MD

5. Manuscript Title  
Complex Primary Total Knee Arthroplasty: Long Term Outcomes

6. Manuscript Identifying Number (if you know it)

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

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Dr. Martin 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) Casey R	2. Surname (Last Name) Stuhlman	3. Date 08-October-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert T. Trousdale MD
5. Manuscript Title Complex Primary Total Knee Arthroplasty: Long Term Outcomes		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)  
Robert T.

2. Surname (Last Name)  
Trousdale

3. Date  
08-October-2015

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

5. Manuscript Title  
Complex Primary Total Knee Arthroplasty: Long Term Outcomes

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

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Dr. Trousdale reports other from DePuy, outside the submitted work; .

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