

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Feldman

3. Date
03-March-2015

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

5. Manuscript Title
Intraarticular Osteotomy for Genu Valgum in the Laterally Deficient Knee

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. Feldman 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)
Rachel

2. Surname (Last Name)
Goldstein

3. Date
16-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David Feldman

5. Manuscript Title
Intraarticular Osteotomy for Genu Valgum in the Laterally Deficient Knee

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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Dr. Goldstein has nothing to disclose.

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1. Given Name (First Name)
Adam

2. Surname (Last Name)
Kurland

3. Date
03-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
David S. Feldman

5. Manuscript Title
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Mr. Kurland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Abdel Majid	2. Surname (Last Name) Sheikh Taha	3. Date 03-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David S. Feldman
5. Manuscript Title Intraarticular Osteotomy for Genu Valgum in the Laterally Deficient Knee		
6. Manuscript Identifying Number (if you know it) 		

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