

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Amit

2. Surname (Last Name)
Singla

3. Date
20-December-2014

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

5. Manuscript Title

A prospective, randomized study to compare systemic emboli using the computer-assisted and conventional techniques of total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Singla 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)
Ganesan

2. Surname (Last Name)
Karthikeyan

3. Date
20-December-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Amit Singla

5. Manuscript Title

A prospective, randomized study to compare systemic emboli using the computer-assisted and conventional techniques of total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Karthikeyan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rajesh

2. Surname (Last Name)
Malhotra

3. Date
20-December-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Amit Singla

5. Manuscript Title

A prospective, randomized study to compare systemic emboli using the computer-assisted and conventional techniques of total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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Dr. Malhotra has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Vijay	2. Surname (Last Name) Kumar	3. Date 20-December-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amit Singla
5. Manuscript Title A prospective, randomized study to compare systemic emboli using the computer-assisted and conventional techniques of total knee arthroplasty		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Kumar has nothing to disclose.

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Section 1. Identifying Information

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Vishwas

2. Surname (Last Name)

Malik

3. Date

20-December-2014

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☐ Yes ☒ No

Corresponding Author's Name

Amit Singla

5. Manuscript Title

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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)
Chandra

2. Surname (Last Name)
Lekha

3. Date
05-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Amit Singla

5. Manuscript Title

A prospective, randomized study to compare systemic emboli using the computer-assisted and conventional techniques of 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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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lekha has nothing to disclose.

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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.

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".

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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.

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

5. Relationships not covered above.

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.

Definitions.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Asit Ranjan

2. Surname (Last Name)

Mridha

3. Date

06-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Amit Singla

5. Manuscript Title

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