

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

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### 3. Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

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

## Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Hanssen 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Arlen	rst Name)	2. Surname Hanssen	e (Last Name)		3. Date 28-Januar	y-2017	
4. Are you the cor	responding author?	Yes	<b>√</b> No	Corresponding Author's Name Steven Moran			
5. Manuscript Title Long-Term Outc	e ome of Pedicled Gastro	ocnemius Fla	aps in Total Kn	ee Arthroplasty			
6. Manuscript Ider	ntifying Number (if you kr	ow it)					
				_			
Section 2.	The Work Under Co	onsiderati	on for Publi	cation			
any aspect of the s statistical analysis, Are there any rel	stitution <b>at any time</b> rece ubmitted work (including etc.)? evant conflicts of intere	but not limit	ted to grants, da				c.) for
Section 3.	Relevant financial	activities (	outside the s	submitted work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the appropriate as description of the the appropriate information of the appropriate information.	bed in the incort relation est?	nstructions. Us ships that we es No	se one line for each	entity; add as many	/ lines as you need	
Name of Entity		Grant?		n-Financial Other	Comments		
Styker Orthopedics			<b>✓</b>				
Section 4.	Intellectual Proper	ty Pater	nts & Copyric	ghts			
Do you have any	patents, whether plan				e work? Yes	<b>√</b> No	

Hanssen 2



Section 5. Polationships not severed above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Hanssen reports personal fees from Styker Orthopedics, outside the submitted work; .

### **Evaluation and Feedback**

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Hanssen 3



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Harmsen 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi William	rst Name)	2. Surname (Last Name) Harmsen		3. Date 24-August-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name	e
5. Manuscript Title Long-Term Outc		ocnemius Flaps in Total Kn	ee Arthroplasty	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	the appropriate boxes i ) with entities as descri	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relat	tionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Harmsen 2



Section 5.	Deletionshine not coveyed above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Harmsen has	nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Houdek 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Matthew	st Name)	2. Surname (Last Name) Houdek	3. Date 05-January-2017	
4. Are you the corr	esponding author?	Yes 🗸 No	Corresponding Author's Name Steven Moran	
5. Manuscript Title Long-Term Outco		ocnemius Flaps in Total Kr	nee Arthroplasty	
6. Manuscript Iden	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, do	a third party (government, commercial, private foundation, etc.) ata monitoring board, study design, manuscript preparation,	) for
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Uport relations hips that we	nether you have financial relationships (regardless of amou se one line for each entity; add as many lines as you need b re <b>present during the 36 months prior to publication</b> .	
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No	

Houdek 2



Section 5. Polationships not sovered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Houdek has nothing to disclose.

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Moran 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Steven	2. Surname (Last Name) Moran	3. Date 28-January-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Long-Term Outcome of Pedicled Gastro	ocnemius Flaps in Total Knee Arthroplasty	
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, congress) government, congress but not limited to grants, data monitoring board, study doest?	
Section 3. Relevant financial	activities outside the submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 i</b>	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?

Moran 2



Section 5.	Deletionshing not covered above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Moran has no	othing to disclose.

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Moran 3



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Taunton 1



Section 1. Identifying In	formation	
1. Given Name (First Name) Michael	2. Surname (Last Name) Taunton	3. Date 28-January-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Steven Moran
5. Manuscript Title Long-Term Outcome of Pedicled C	Gastrocnemius Flaps in Total Kn	ee Arthroplasty
6. Manuscript Identifying Number (if y	ou know it)	
		-
Section 2. The Work Und	er Consideration for Public	ation
	uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant connicts of	interest?	
Section 3. Relevant finan	ocial activities outside the s	ubmitted work
Place a check in the appropriate be of compensation) with entities as o clicking the "Add +" box. You shou Are there any relevant conflicts of	oxes in the table to indicate who described in the instructions. Us Id report relationships that wer interest?  Yes  No	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
If yes, please fill out the appropriat		
Name of Entity	Grant? Personal Nor	original of ther? Comments
Oon Joy		
Section 4. Intellectual Pr	operty Patents & Copyrig	hts
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No

Taunton 2



Section 5. Polationships not sovered above
Relationships not covered above
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Disclosure Statement
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Dr. Taunton reports personal fees from Don Joy, outside the submitted work; .

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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

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**Royalties:** Funds are coming in to you or your institution due to your patent

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Section 1.	Identifying Inform	nation		
1. Given Name (Fil	rst Name)	2. Surname (Last Name) Wagner	3. Date 05-Janu	nary-2017
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Steven Moran	
5. Manuscript Title Long-Term Outc		ocnemius Flaps in Total Kn	ee Arthroplasty	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Publi	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, ta monitoring board, study design, man	
Section 3.	Relevant financial	activities outside the	ubmitted work.	
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Use port relationships that we	ether you have financial relationship e one line for each entity; add as ma e <b>present during the 36 months p</b>	any lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyri	ıhts	
Do you have any	patents, whether plan	ned, pending or issued, bi	oadly relevant to the work?	S ✓ No

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Section 5. Relationships not covered above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Wagner has nothing to disclose.

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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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.

## 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".

### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

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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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Section 1.	Identifying Inform	ation		
Given Name (First Name)  Cody		2. Surname (Last Name) Wyles	3. Date 05-January-2017	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Steven Moran	
5. Manuscript Title Long-Term Outcome of Pedicled Gastrocnemius Flaps in Total Knee Arthroplasty				
6. Manuscript Identifying Number (if you know it)				
			_	
Section 2. The Work Under Consideration for Publication				
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Section 3.				
Section 3.	Relevant financial	activities outside the	submitted work.	
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Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5.				
Section 3.	Relationships not covered above			
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Section 6.	Disclosure Statement			
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Dr. Wyles has no	thing to disclose.			

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