

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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) Sean	2. Surname (Last Name) Matuszak	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00233		

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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

If yes, please fill out the appropriate information below.

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

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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Sean Matuszak reports grants from Zimmer Biomet, grants from DePuy, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Vincent	2. Surname (Last Name) Galea	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Vincent Galea reports grants from Zimmer Biomet, grants from DePuy, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Lina Holm

2. Surname (Last Name)

Ingelsrud

3. Date

06-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Henrik Malchau

5. Manuscript Title

Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)

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Lina Holm Ingelsrud has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pakdee	2. Surname (Last Name) Rojanasopondist	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) James	2. Surname (Last Name) Connelly	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Charles	2. Surname (Last Name) Bragdon	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau, MD, PhD
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00233		

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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

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Bragdon reports grants from ZimmerBiomet Inc, grants from Depuy, outside the submitted work; .

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)
James

2. Surname (Last Name)
Huddleston

3. Date
06-June-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Henrik Malchau

5. Manuscript Title
Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)

6. Manuscript Identifying Number (if you know it)
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Dr. Huddleston 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)
Henrik

2. Surname (Last Name)
Malchau

3. Date
05-February-2018

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

5. Manuscript Title
Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)

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Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mako/Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
DePuy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Nielsen

3. Date
06-June-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Henrik Malchau

5. Manuscript Title
Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)

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Dr. Nielsen 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) Anders	2. Surname (Last Name) Troelsen	3. Date 06-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Henrik Malchau
5. Manuscript Title Patient Acceptable Symptom State at One and Three Years After Total Knee Arthroplasty: Thresholds for the Knee Injury and Osteoarthritis Outcomes Score (KOOS)		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counsultancy, Advisory board member
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel/accommodations/ meeting expenses unrelated to activities listed
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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