

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.

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

Lombardi 1



Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Adolph Lombardi 2. Sumame (Last Name) Adolph 3. Date 3. Date 3. Lyly-2018 4. Are you the corresponding author?	Section 1. Identifying Inforn	nation		
Nicholas J. Greco, MD 5. Manuscript Title Medial Unicompartmental Knee Arthroplasty for Focal Femoral Osteonecrosis 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 Section 3. Relevant financial activities outside the submitted work. Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box, You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below. Name of Entity Grant? Personal Non-Financial Support? Comments Support? Comments Support? Comments SPR Therapeutics Y Y				
Medial Unicompartmental Knee Arthroplasty for Focal Femoral Osteonecrosis 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 Section 3. Relevant financial activities outside the submitted work. Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? Yes No If yes, please fill out the appropriate information below. Name of Entity Grant? Personal Support? Comments Support? Comments Support? Comments Support? Comments Support? Comments White Fence Surgical Suites	4. Are you the corresponding author?	Yes ✓ No		
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Zimmer Biomet Zimmer Biomet SPR Therapeutics Innomed Elute Inc. Joint Development Corporation White Fence Surgical Suites Support? Support? Support? Comments Other. Other. Comments Other. Comments Other. Comments Other. Comments Other. Other	of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter-	ibed in the instructions. Us port relationships that wer est?	se one line for each e	ntity; add as many lines as you need by
Zimmer Biomet V V	Name of Entity	Grant	_ Otner•	Comments
Innomed Elute Inc. Joint Development Corporation White Fence Surgical Suites To financial interest	Zimmer Biomet			
Elute Inc. Joint Development Corporation White Fence Surgical Suites financial interest	SPR Therapeutics	✓		
Joint Development Corporation White Fence Surgical Suites financial interest	Innomed		✓	
White Fence Surgical Suites	Elute Inc.			
	Joint Development Corporation			
Southeast Ohio Surgical Suites financial interest	White Fence Surgical Suites			financial interest
	Southeast Ohio Surgical Suites			financial interest

Lombardi 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. 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
Operation Walk USA Board membership, The Knee Society Board membership, The Hip Society Board membership, Mount Carmel Education Center at New Albany Board membership
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. Lombardi reports grants and personal fees from Zimmer Biomet, grants and personal fees from SPR Therapeutics, other from Innomed, other from Elute Inc., other from Joint Development Corporation, other from White Fence Surgical Suites, other from Southeast Ohio Surgical Suites, outside the submitted work; and Operation Walk USA Board membership, The Knee Society Board membership, The Hip Society Board membership, Mount Carmel Education Center at New Albany Board

Evaluation and Feedback

membership.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Lombardi 3



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Hurst

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

1

administrative support, etc.



Section 1. Id	entifying Inform	ation					
1. Given Name (First Na Jason	ame)	2. Surnan Hurst	ne (Last Nan	ne)		3. Date 31-July-2018	
4. Are you the correspo	onding author?	Yes	✓ No	Correspond Nicholas J	_		
5. Manuscript Title Medial Unicompartm	nental Knee Arthrop	olasty for F	ocal Femo	ral Osteonecrosis	3		
6. Manuscript Identifyi	ng Number (if you kn	ow it)					
Section 2. Th	e Work Under Co	nsiderat	ion for P	ublication			
	itted work (including	but not lim	ited to gran			ent, commercial, private foundati udy design, manuscript preparati	
Section 3. Re	levant financial a	activities	outside 1	the submitted	work.		
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Are there any relevar If yes, please fill out t		ـــــا		No			
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Zimmer Biomet		✓	√		✓		
Total Joint Orthopedics			√		✓		
SPR Therapeutics		✓			✓		
Innomed			\checkmark				
Joint Development Corpo	ration				✓		
White Fence Surgical Suite	25				✓	financial interest	
Southeast Ohio Surgical S	uites				✓	financial interest	

Hurst 2



Section 4. Intellectual Dranguts, Detaute & Consulable	
Intellectual Property Patents & Copyrights	
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Dr. Hurst reports grants, personal fees and other from Zimmer Biomet, personal fees and other from Total Joint Orthopedics, grants and other from SPR Therapeutics, personal fees from Innomed, other from Joint Development Corporation, other from White Fence Surgical Suites, other from Southeast Ohio Surgical Suites, outside the submitted work; .	

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Berend 1



Continue				
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Given Name (First Name) Keith	2. Surname (Last Name) Berend		3. Date 31-July-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth		
5. Manuscript Title Medial Unicompartmental Knee Arth	nroplasty for Focal Femoral O	steonecrosis		
6. Manuscript Identifying Number (if you	u know it)			
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SPR Therapeutics	✓			
Elute Inc.				
loint Development Corporation				
White Fence Surgical Suites			financial interest	
Southeast Ohio Surgical Suites			financial interest	

Berend 2



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At the time of ma	y Board membership 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.
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Berend 3



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Morris 1



Section 1. Identifying Info	rmation			
1. Given Name (First Name) Michael	2. Surname (Last Name) Morris		3. Date 31-July-2018	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth Nicholas J. Greco, N		
5. Manuscript Title Medial Unicompartmental Knee Arth	roplasty for Focal Femoral	Osteonecrosis		
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Morris 2



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Dr. Morris reports grants and personal fees from Zimmer Biomet, personal fees and other from Total Joint Orthopedics, grants and other from SPR Therapeutics, other from Joint Development Corporation, other from White Fence Surgical Suites, other from Southeast Ohio Surgical Suites, outside the submitted work; .

Evaluation and Feedback

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

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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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Section 1. Identifying Inform	ation	
1. Given Name (First Name) Nicholas	2. Surname (Last Name) Greco	3. Date 31-July-2018
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Medial Unicompartmental Knee Arthrop	plasty for Focal Femoral Osteonec	rosis
6. Manuscript Identifying Number (if you kn	now it)	
Section 2. The Work Under Co	onsideration for Publication	
	but not limited to grants, data monit	oarty (government, commercial, private foundation, etc.) for coring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the submit	ted work.
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Use one liport relationships that were prese	ou have financial relationships (regardless of amount ne for each entity; add as many lines as you need by ant during the 36 months prior to publication.
Are there any relevant conflicts of intered If yes, please fill out the appropriate info		
	3 Daysonal Non Finan	ata 1
Name of Entity	Grant? Personal Non-Finan Fees? Support	Other• Comments
Zimmer Biomet		
SPR Therapeutics		
Section 4. Intellectual Proper	ty Patents & Copyrights	
Do you have any patents, whether plant		elevant to the work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Greco report	s grants from Zimmer Biomet, grants from SPR Therapeutics, outside the submitted work; .

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