

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.

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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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van Hamersveld 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Koen	2. Surname (Last Name) van Hamersveld	3. Date 08-June-2018		
4. Are you the corresponding author?	✓ Yes No			
 5. Manuscript Title The Effect of Coronal Alignment on Tibial Component Migration Following Total Knee Arthoplasty: A Cohort Study with Long-Term RSA Results 6. Manuscript Identifying Number (if you know it) 				
Section 2. The Work Under C	oncideration for Dublication			
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 V No				
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van Hamersveld 2



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Section 6. Disclosure Statement			
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Dr. van Hamersveld has nothing to disclose.			

Evaluation and Feedback

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van Hamersveld 3



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patent

Marang-van de Mheen 1



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1. Given Name (First Name) Perla	2. Surname (Last Name) Marang-van de Mheen	3. Date 08-June-2018			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Koen T. van Hamersveld			
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Marang-van de Mheen 2



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Nelissen 1



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Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	. , .	•
If yes, please fill out the appropriate info Excess rows can be removed by pressing	rmation below. If you hav	e more than one entity	y press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Outch Arthritis Foundation (LRR)	V		
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Nelissen 2



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Dr. Nelissen reports grants from Dutch Arthritis Foundation (LRR), during the conduct of the study; .		

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