

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ronald

2. Surname (Last Name)
Delanois

3. Date
13-February-2019

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

5. Manuscript Title
"What are the Main Predictors of Length of Stay after Total Knee Arthroplasty Patient-related or Procedure/Structural-related Risk Factors?" by Spindler et al.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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
Baltimore City Medical Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Orthofix, Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Unity orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support

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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. Delanois reports other from Baltimore City Medical Society, other from Orthofix, Inc., other from Stryker, other from Unity orthopedics, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Chukwuweike

2. Surname (Last Name)
Gwam

3. Date
13-February-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ronald E. Delanois, MD

5. Manuscript Title
"What are the Main Predictors of Length of Stay after Total Knee Arthroplasty Patient-related or Procedure/Structural-related Risk Factors?" by Spindler et al.

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Dr. Gwam has nothing to disclose.

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1. Given Name (First Name) Jennifer	2. Surname (Last Name) Etcheson	3. Date 13-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ronald E. Delanois, MD
5. Manuscript Title "What are the Main Predictors of Length of Stay after Total Knee Arthroplasty Patient-related or Procedure/Structural-related Risk Factors?" by Spindler et al.		
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