

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.

1. Identifying information.

2. The work under consideration for publication.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Austin	3. Date 17-December-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Benjamin Keeney
5. Manuscript Title Preoperative Weight Loss for Morbidly Obese Patients Undergoing Total Knee Arthroplasty: How Much is Necessary?		
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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Section 6. Disclosure Statement

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Dr. Austin has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) David	2. Surname (Last Name) Jevsevar	3. Date 17-December-2018
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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Keeney

3. Date
17-December-2018

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

5. Manuscript Title
Preoperative Weight Loss for Morbidly Obese Patients Undergoing Total Knee Arthroplasty: How Much is Necessary?

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