

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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2. The work under consideration for publication.

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4. Intellectual Property.

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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)
Anders

2. Surname (Last Name)
El-Galaly

3. Date
01-March-2019

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

5. Manuscript Title
Medial Unicompartmental Knee Arthroplasties triplicates the risk of revision in subsequent Total Knee Arthroplasties

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01468

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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Dr. El-Galaly has nothing to disclose.

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) Andreas	2. Surname (Last Name) Kappel	3. Date 01-March-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Anders El-Galaly
5. Manuscript Title Medial Unicompartmental Knee Arthroplasties triplicates the risk of revision in subsequent Total Knee Arthroplasties		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01468		

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

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Dr. Kappel has nothing to disclose.

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1. Given Name (First Name)
Poul Torben

2. Surname (Last Name)
Nielsen

3. Date
01-March-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Anders El-Galaly

5. Manuscript Title
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Steen Lund

2. Surname (Last Name)
Jensen

3. Date
01-March-2019

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☐ Yes

☒ No

Corresponding Author's Name
Anders El-Galaly

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