ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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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
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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Carolyn
2. Surname (Last Name): Hutyra
3. Date: 20-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Zimmer	☑	☐	☐	☐		

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Carolyn Hutyra reports grants from Zimmer , during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Annunziato
2. Surname (Last Name): Amendola
3. Date: 23-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	☑	☐	☐	☐	

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc	☐	☑	☐	☐	IP royalties, paid consultant
arthrosurface	☐	☑	☐	☐	IP royalties
First Ray, Inc	☐	☐	☐	☑	Stock or stock options, unpaid consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	☐	✓	☐	☐	IP Royalties
Springer	☐	✓	☐	☐	Publishing royalties, financial or material support
Wolters Kluwer Health - Lippincott Williams & Wilkins	☐	✓	☐	☐	Publishing royalties, financial or material support

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No

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Dr. Amendola reports grants from Zimmer , during the conduct of the study; other from Am J Sports Med, other from AOSSM, personal fees from Arthrex, Inc, personal fees from arthrosurface, other from Bone Solutions Inc, other from Extremity Development Corporation, other from First Ray, Inc, other from Journal of Isakos, other from Lima Corporation, other from Rubber City Bracing, personal fees from Smith & Nephew, personal fees from Springer, personal fees from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name): Richard
2. Surname (Last Name): Mather
3. Date: 20-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
6. Manuscript Identifying Number (if you know it):

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	✓				

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

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KNG Health Consulting				✓	Paid consultant
Reflexion Health				✓	Research Support
Stryker				✓	Paid Consultant

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Dr. Mather reports grants from Zimmer , during the conduct of the study; other from Arthroscopy Association of North America, other from KNG Health Consulting, other from North Carolina Orthopaedic Association, other from Reflexion Health, other from Stryker, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Reed
2. Surname (Last Name): Johnson
3. Date: 27-April-2020

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

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA

6. Manuscript Identifying Number (if you know it):

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Juan Marcos
2. Surname (Last Name): Gonzalez Sepulveda
3. Date: 29-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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Zimmer	☑	☐	☐	☐		

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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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?

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Dr. Gonzalez Sepulveda reports grants from Zimmer , during the conduct of the study; .

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Keith
2. Surname (Last Name): Berend
3. Date: 24-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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.

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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
Elute, Inc.	☐	☐	☐	☑	Stock or stock options
Joint Development Corporation	☐	☐	☐	☑	Stock or stock options
Kinetic Concepts, Inc	☐	☐	☐	☑	Research support
SPR Therapeutics	☐	☐	☐	☑	Research support
SPR Therapeutics, LLC	☐	☐	☐	☑	Stock or stock options
VuMedi	☐	☐	☐	☑	Stock or stock options
Zimmer Biomet	☐	☑	☐	☑	IP royalties; paid consultant; research support

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Dr. Berend reports other from CORR, other from Elute, Inc., other from Joint Development Corporation, other from Journal of Arthroplasty, other from JBJS - American, other from Kinetic Concepts, Inc, other from Knee Society, other from Orthopedics, other from Reconstructive Review, other from SPR Therapeutics, other from SPR Therapeutics, LLC, other from VuMedi, personal fees and other from Zimmer Biomet, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Bolognesi
3. Date: 29-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	☑	☐	☐	☐	

Section 3. Relevant financial activities outside the submitted work.

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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
Acelity	☐	☐	☐	☑	Other financial or material support
Amedica	☐	☐	☐	☑	Stock or stock options; unpaid consultant
AOA Omega	☐	☐	☐	☑	Other financial or material support

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet	☐	☐	☐	☑	Research support
DePuy, A Johnson & Johnson Company	☐	☐	☐	☑	Research support
Exactech, Inc.	☐	☐	☐	☑	Research support
KCI	☐	☐	☐	☑	Research support
Smith & Nephew	☐	☐	☐	☑	Other financial or material support; Unpaid consultant
TJO	☐	☑	☐	☑	IP royalties; paid presenter or speaker; research support
Zimmer	☐	☑	☐	☑	IP royalties; paid presenter or speaker; research support

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Bolognesi reports grants from Zimmer, during the conduct of the study; other from Acelity, other from Amedica, other from American Association of Hip and Knee Surgeons, other from AOA Omega, other from Arthroplasty Today, other from Biomet, other from DePuy, A Johnson & Johnson Company, other from Eastern Orthopaedic Association , other from Exactech, Inc., other from Journal of Arthroplasty, other from Journal of Surgical Orthopaedic Advances, other from KCI, other from Smith & Nephew, personal fees and other from TJO, personal fees and other from Zimmer, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name): Michael
2. Surname (Last Name): Berend
3. Date: 28-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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ProMapp	☐	☐	☐	☑	Stock
SCD	☐	☑	☐	☐	IP royalties
Zimmer	☐	☑	☐	☑	IP transfer royalties

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Section 1. Identifying Information

1. Given Name (First Name): Steven
2. Surname (Last Name): MacDonald
3. Date: 30-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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Hip Innovations Technology	☐	☐	☐	☑	Stock or stock Options
Smith & Nephew	☐	☐	☐	☑	Research support
Stryker	☐	☐	☐	☑	Research support
JointVue	☐	☐	☐	☑	Stock or stock Options
Curvafix	☐	☐	☐	☑	Stock or stock Options
Parvizi Surgical Innovation	☐	☐	☐	☑	Stock or stock Options

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

5. 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

ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Shelby
2. Surname (Last Name): Reed
3. Date: 23-April-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA
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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Zimmer	☑	☐	☐	☐		

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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. Reed reports grants from Zimmer , during the conduct of the study; .

Evaluation and Feedback

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

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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.

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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Jui-Chen
2. Surname (Last Name): Yang
3. Date: 23-April-2020

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

Corresponding Author's Name: Carolyn Hutyra

5. Manuscript Title: Patient Preferences for Surgical Treatment of Knee Osteoarthritis: A Discrete-Choice Experiment Evaluating TKA and UKA

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Duke University	☐	☑	☐	☐		

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

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Ms. Yang reports personal fees from Duke University, during the conduct of the study; .

Evaluation and Feedback

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