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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Ehsan
2. Surname (Last Name): Saadat
3. Effective Date (07-August-2008): 03-May-2013

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

Corresponding Author's Name: John Tiberi

5. Manuscript Title: Smith-Petersen Vitallium Mold Arthroplasty: 51-year follow-up with histopathologic analysis

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

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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						ADD
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						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
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						ADD
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						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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1. Given Name (First Name): John
2. Surname (Last Name): Tiberi
3. Effective Date (07-August-2008): 03-May-2013

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

5. Manuscript Title: Smith-Petersen Vitallium Mold Arthroplasty: 51-year follow-up with histopathologic analysis

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2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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1. Given Name (First Name): Young-Min
2. Surname (Last Name): Kwon
3. Effective Date (07-August-2008): 03-May-2013

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: John Tiberi

5. Manuscript Title: Smith-Petersen Vitallium Mold Arthroplasty: 51 year follow-up with histopathologic analysis

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						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	Zimmer	research support	×
5. Grants/grants pending	☐	☐	☑	Mako	research support	×
5. Grants/grants pending	☐	☐	☑	Omega	fellowship program	×
5. Grants/grants pending	☐	☐	☑	OREF	fellowship program	×
						ADD

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1. Given Name (First Name): Dennis
2. Surname (Last Name): Burke
3. Effective Date (07-August-2008): 03-May-2013

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author's Name: John Tiberi
5. Manuscript Title: Smith-Petersen Vitallium Mold Arthroplasty: 51 year follow-up with histopathologic analysis
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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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