

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Johnson

3. Date

01-November-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Dagan Cloutier

5. Manuscript Title

Arthroplasty Roundtable: Patellofemoral Arthroplasty

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

Section 3. Relevant financial activities outside the submitted work.

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Yes

☒

No

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☐

Yes

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1. Given Name (First Name) Randall	2. Surname (Last Name) Pape	3. Date 01-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dagan Cloutier
5. Manuscript Title Arthroplasty Roundtable: Patellofemoral Arthroplasty		
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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
Flexion Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name) Patrick	2. Surname (Last Name) McCarthy	3. Date 01-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dagan Cloutier
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1. Given Name (First Name)
Dagan

2. Surname (Last Name)
Cloutier

3. Date
08-November-2018

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

5. Manuscript Title
Arthroplasty Roundtable: Patellofemoral Arthroplasty

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