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.

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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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Definitions.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Friedrich
2. Surname (Last Name): Boettner
3. Date: 22-March-2017

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

Corresponding Author's Name: Ryan Charette

5. Manuscript Title: Femoral component sizing during total knee arthroplasty: Anterior versus posterior referencing

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.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OrthoDeovelopment	☐	☑	☐	☐	
Smith & Nephew	☐	☑	☐	☐	
Depuy	☐	☑	☐	☐	

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 6. Disclosure Statement

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Dr. Boettner reports personal fees from OrthoDeovelopment , personal fees from Smith & Nephew, personal fees from Depuy, 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): Ryan
2. Surname (Last Name): Charette
3. Date: 22-March-2017

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Femoral component sizing during total knee arthroplasty: Anterior versus posterior referencing

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Charette 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): Christopher
2. Surname (Last Name): Melnic
3. Date: 22-March-2017

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

Corresponding Author's Name: Ryan Charette

5. Manuscript Title: Femoral component sizing during total knee arthroplasty: Anterior versus posterior referencing

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

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Dr. Melnic has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Giles
2. Surname (Last Name): Scuderi
3. Date: 22-March-2017

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

Corresponding Author's Name: Ryan Charette

5. Manuscript Title: Femoral component sizing during total knee arthroplasty: Anterior versus posterior referencing

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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
Zimmer Biomet	☐	☑	☐	☐	
Pacira	☐	☑	☐	☐	
Medtronic	☐	☑	☐	☐	

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

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Dr. Scuderi reports personal fees from Zimmer Biomet, personal fees from Pacira, personal fees from Medtronic, 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): Neil
2. Surname (Last Name): Sheth
3. Date: 22-March-2017

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

Corresponding Author's Name: Ryan Charette

5. Manuscript Title: Femoral component sizing during total knee arthroplasty: Anterior versus posterior referencing

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Dr. Sheth has nothing to disclose.

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