ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert
2. Surname (Last Name) Barrack
3. Date 15-September-2018
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Denis Nam
5. Manuscript Title
   A Prospective, Randomized Trial of Cemented versus Cementless Total Knee Arthroplasty of the Same, Modern Design
6. Manuscript Identifying Number (if you know it)

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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?  ☑ No

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Dr. Barrack reports grants from Stryker Inc., during the conduct of the study; grants, personal fees and other from Stryker, other from McGraw-Hill, other from Wolters Kluwer Health, other from Smith and Nephew, other from Zimmerbiomet, other from EOS, other from Wright Medical, outside the submitted work; .
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**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Charles

2. **Surname (Last Name)**  
   Lawrie

3. **Date**  
   15-September-2018

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   A Prospective, Randomized Trial of Cemented versus Cementless Total Knee Arthroplasty of the Same, Modern Design

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Dr. Lawrie reports grants from Stryker, during the conduct of the study; personal fees from Medtronic, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Cindy
2. Surname (Last Name) Nahhas
3. Date 15-September-2018
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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Cindy Nahhas reports grants from Stryker, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Denis

2. Surname (Last Name)  
   Nam

3. Date  
   15-September-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ryan

2. Surname (Last Name)  
   Nunley

3. Date  
   15-September-2018

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Denis Nam

5. Manuscript Title  
   A Prospective, Randomized Trial of Cemented versus Cementless Total Knee Arthroplasty of the Same, Modern Design

6. Manuscript Identifying Number (if you know it)

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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.

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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. Nunley reports grants from Stryker Inc., during the conduct of the study; personal fees from Biocomposites, personal fees from Cardinal Health, personal fees from Depuy, personal fees from Halyard MCS, personal fees from Medtronic, personal fees and other from Microport, personal fees from Smith and Nephew, other from Depuy, other from Mirus, outside the submitted work; ✗
Evaluation and Feedback

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

2. Surname (Last Name)  
Salih

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