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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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. **Given Name (First Name)**
   - David

2. **Surname (Last Name)**
   - Attarian

3. **Date**
   - 01-May-2015

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

   **Corresponding Author's Name**
   - Cameron Ledford

5. **Manuscript Title**
   - Percent Body Fat Superior to BMI as Predictor of Function after Total Joint Arthroplasty

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 [x]

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
- Yes [ ]  No [x]

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes [ ]  No [x]
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Section 5. Relationships not covered above

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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. Attarian has nothing to disclose.

Evaluation and Feedback

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

Bolognesi
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael  
2. Surname (Last Name)  
   Bolognesi  
3. Date  
   01-May-2015  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Cameron Ledford  
5. Manuscript Title  
   Percent Body Fat Superior to BMI as Predictor of Function after Total Joint Arthroplasty  
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?  
   ☑ 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.

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<th>Non-Financial Support?</th>
<th>Other?</th>
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</table>
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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. Bolognesi reports grants and personal fees from Zimmer, grants from DePuy, personal fees from Biomet, other from Total Joint Orthopaedics, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Cindy

2. Surname (Last Name)  
   Green

3. Date  
   01-May-2015

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

   Corresponding Author's Name  
   Cameron Ledford

5. Manuscript Title  
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   [ ☐ ] No
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Ms. Green has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Cameron
2. Surname (Last Name) Ledford
3. Date 20-December-2015
4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title Percent Body Fat Is More Predictive of Function After Total Joint Arthroplasty Than Body Mass Index

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.)?

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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Dr. Ledford reports grants from Piedmont Orthopaedic Society, 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)  
   Patrick

2. Surname (Last Name)  
   Millikan

3. Date  
   01-May-2015

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

   Corresponding Author’s Name  
   Cameron Ledford

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   [ ✔] No

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   [ ✔] No
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Dr. Millikan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Brian</td>
<td>Nickel</td>
<td>01-May-2015</td>
</tr>
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4. Are you the corresponding author?  

- Yes  
- No  

Corresponding Author’s Name: Cameron Ledford

5. Manuscript Title

Percent Body Fat Superior to BMI as Predictor of Function after Total Joint Arthroplasty

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  

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nickel has nothing to disclose.

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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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robin

2. Surname (Last Name)  
   Queen

3. Date  
   05-May-2015

4. Are you the corresponding author?  
   ☑ Yes  
   No

Corresponding Author’s Name  
Cameron Ledford

5. Manuscript Title  
   Percent Body Fat Superior to BMI as Predictor of Function after Total Joint Arthroplasty

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ Yes  
No

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Dr. Queen reports grants from DonJoy Orthopaedics, grants from Stryker, personal fees from Quest Diagnostics, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Samuel

2. Surname (Last Name)  
   Wellman

3. Date  
   01-May-2015

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

   Corresponding Author’s Name  
   Cameron Ledford

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