

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benjamin 2. Surname (Last Name) Levine 3. Date 13-March-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Peter Du

5. Manuscript Title
Differences in Radius of Curvature Between Femoral Condyles: Implications For Allograft Matching

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01509R1

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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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Musculoskeletal Transplant Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Junior Investigator Grant - Kristofer Jones

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Dr. Levine reports grants from Musculoskeletal Transplant Foundation, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
McAllister

3. Date
13-March-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Peter Du

5. Manuscript Title
Differences in Radius of Curvature Between Femoral Condyles: Implications For Allograft Matching

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Aesculap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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KCI USA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Linvatec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. McAllister reports grants from Musculoskeletal Transplant Foundation, during the conduct of the study; personal fees from Aesculap, personal fees from Smith & Nephew, personal fees from Zimmer Biomet, personal fees from KCI USA, personal fees from Linvatec, outside the submitted work; .

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1. Given Name (First Name)
Keith

2. Surname (Last Name)
Markolf

3. Date
13-March-2018

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Corresponding Author's Name
Peter Du

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Section 1. Identifying Information

1. Given Name (First Name) Kristofer	2. Surname (Last Name) Jones	3. Date 13-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Du
5. Manuscript Title Differences in Radius of Curvature Between Femoral Condyles: Implications For Allograft Matching		
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Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Peter

2. Surname (Last Name)
Du

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13-March-2018

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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? Yes No

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Section 6. Disclosure Statement

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Dr. Du reports grants from Musculoskeletal Transplant Foundation, during the conduct of the study; .

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