

## 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.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

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

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Hiromichi  | 2. Surname (Last Name)<br>Fujie                                     | 3. Date<br>24-January-2018                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Atsushi Teramoto |
| 5. Manuscript Title<br>Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Fujie has nothing to disclose.

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|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Mineko   | 2. Surname (Last Name)<br>Fujimiya                                  | 3. Date<br>24-January-2018                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Atsushi Teramoro |
| 5. Manuscript Title<br>Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee Arthroplasty |   |   |
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Dr. Fujimiya has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Yohei

2. Surname (Last Name)  
Okada

3. Date  
24-January-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Atsushi Teramoto

5. Manuscript Title  
Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee Arthroplasty

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| Name of Institution/Company   | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Japan Orthopaedics and Traumatology Research Foundation, Inc. (No. 308) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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Dr. Okada reports grants from Japan Orthopaedics and Traumatology Research Foundation, Inc. (No. 308), 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) Yuzuru      2. Surname (Last Name) Sakakibara      3. Date 24-January-2018

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Atsushi Teramoto

5. Manuscript Title  
Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Hiroaki      2. Surname (Last Name) Shoji      3. Date 24-January-2018

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Atsushi Teramoto

5. Manuscript Title  
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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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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in 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)<br>Tetsuya  | 2. Surname (Last Name)<br>Takagi                                    | 3. Date<br>24-January-2018                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Atsushi Teramoto |
| 5. Manuscript Title<br>Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee 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

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

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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

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Dr. Takagi 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)  
Atsushi

2. Surname (Last Name)  
Teramoto

3. Date  
24-January-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee 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

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 |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| Japan Orthopaedics and Traumatology Research Foundation, Inc. (No. 308) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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

### 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. Teramoto reports grants from Japan Orthopaedics and Traumatology Research Foundation, Inc. (No. 308), during the conduct of the study; .

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Kota   | 2. Surname (Last Name)<br>Watanabe                                  | 3. Date<br>24-January-2018                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Atsushi Teramoto |
| 5. Manuscript Title<br>Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee Arthroplasty |   |   |
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Dr. Watanabe has nothing to disclose.

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|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Satoshi  | 2. Surname (Last Name)<br>Yamakawa                                  | 3. Date<br>24-January-2018                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Atsushi Teramoto |
| 5. Manuscript Title<br>Anterior Cruciate Ligament Function in Bicruciate-Retaining Total Knee Arthroplasty |   |   |
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Dr. Yamakawa has nothing to disclose.

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