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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3. Relevant financial activities outside the submitted work.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  Tom
2. Surname (Last Name)  Novacheck
3. Date  05-March-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Elizabeth Arendt
5. Manuscript Title
   Measuring lower extremity rotational alignment: A review of methods and case studies of clinical applications
6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-0111SR1

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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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. Novacheck 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)  
   Michael  

2. Surname (Last Name)  
   Chau  

3. Date  
   06-March-2019  

4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No  
   
   Corresponding Author’s Name  
   Elizabeth A. Arendt

5. Manuscript Title  
   Measuring lower extremity rotational alignment: A review of methods and case studies of clinical applications

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-01115

## 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  
   - [X] No

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

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   - [X] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   - [X] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Chau has nothing to disclose.

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1. Given Name (First Name)  
Yushane

2. Surname (Last Name)  
Shih

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06-March-2019

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Corresponding Author’s Name  
Elizabeth A. Arendt

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Dr. Shih has nothing to disclose.

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1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Arendt

3. Date

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

5. Manuscript Title
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Dr. Arendt has nothing to disclose.

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