ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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

5. Relationships not covered above.

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Other:Anything not covered under the previous three boxes

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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
## Section 1. Identifying Information

1. Given Name (First Name)  
   Vincent

2. Surname (Last Name)  
   Pellegrini

3. Date  
   11-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Functional Flexion Instability after Rotating Platform Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01403R1

## 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.

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.

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tr>
<td>DePuy Synthes Orthopaedics</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Educational speaker and consultant during prior 36 months. Previously had royalty agreement for unrelated THA product development.</td>
</tr>
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<td></td>
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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 ☑

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Pellegrini reports personal fees from DePuy Synthes Orthopaedics, other from DePuy Synthes Orthopaedics, outside the submitted work; .

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)  
   William

2. Surname (Last Name)  
   Barfield

3. Date  
   12-March-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Vincent D. Pellegrini, Jr., MD

5. Manuscript Title  
   Functional Flexion Instability after Rotating Platform Total Knee Arthroplasty

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-014403R1

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.)?

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Section 6. Disclosure Statement

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Dr. Barfield has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
   Alexander

2. Surname (Last Name)
   Chiaramonti

3. Date
   12-March-2020

4. Are you the corresponding author?  
   ☑ No
   Corresponding Author’s Name
   Vincent D. Pellegrini, Jr, MD

5. Manuscript Title
   Functional Flexion Instability after Rotating Platform Total Knee Arthroplasty

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Dr. Chiaramonti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Guess

3. Date  
   12-March-2020

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

Corresponding Author’s Name  
Vincent D Pellegrini, MD

5. Manuscript Title  
   Functional Flexion Instability after Rotating Platform Total Knee Arthroplasty

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☑ Yes  
☐ No

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</thead>
<tbody>
<tr>
<td>Alpha Omega Alpha Honor Medical Society</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Carolyn L Kuckein Student Research Fellowship of the AOA awarded a Summer Research Grant to perform research as a part of Dr. Pellegrini’s team. Dr. Pellegrini served as my mentor.</td>
</tr>
</tbody>
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Dr. Guess reports grants from Alpha Omega Alpha Honor Medical Society, during the conduct of the study.

---

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</tr>
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<tbody>
<tr>
<td>Nicole</td>
<td>Quinlan</td>
<td>13-March-2020</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
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<tr>
<td>Vincent D. Pellegrini, Jr., MD</td>
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Dr. Quinlan has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

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Definitions.

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Wu
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1. Given Name (First Name) Yongren
2. Surname (Last Name) Wu
3. Date 12-March-2020
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Vincent D. Pellegrini, Jr, MD
5. Manuscript Title Functional Flexion Instability after Rotating Platform Total Knee Arthroplasty
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01403R1

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2. Surname (Last Name) Yao
3. Date 12-March-2020
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Corresponding Author’s Name
Vincent D Pellegrini, MD

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? Yes ☐ No ☑

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