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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**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)  
   Peter

2. Surname (Last Name)  
   Brooks

3. Date  
   23-August-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Nicolas Piuzzi

5. Manuscript Title  
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision 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.

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

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td></td>
<td></td>
<td>Consulting</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   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.
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Are there 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Brooks reports personal fees from Smith and Nephew, outside the submitted work; In addition, Dr. Brooks has a patent 9,217,848 with royalties paid to Smith and Nephew.

**Evaluation and Feedback**

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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)  
   Alison

2. Surname (Last Name)  
   Klika

3. Date  
   09-August-2019

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

   Corresponding Author’s Name  
   Nicolas Piuzzi

5. Manuscript Title  
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

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[ ] Yes  

[ ] No

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[ ] Yes  

[ ] No

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[ ] Yes  

[ ] No
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Alison Klika has nothing to disclose.

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Section 1.
Identifying Information

1. Given Name (First Name) Olivia
2. Surname (Last Name) Krebs
3. Date 26-August-2019
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Nicolas S. Piuzzi
5. Manuscript Title
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?
6. Manuscript Identifying Number (if you know it)

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Dr. Krebs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Hiba
2. Surname (Last Name)     Anis
3. Date                    09-August-2019
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name
Nicolas S. Piuzzi
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Anis has nothing to disclose.

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Section 1.
Identifying Information

1. Given Name (First Name)       Michael
2. Surname (Last Name)          Bloomfield
3. Date                         09-August-2019

4. Are you the corresponding author?  
   - Yes 
   - No  ✔

   Corresponding Author’s Name  
   Nicolas S Piuzzi

5. Manuscript Title
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

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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Dr. Bloomfield 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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Mr. Briskin has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
Carlos  

2. Surname (Last Name)  
Higuera  

3. Date  
09-August-2019  

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

Corresponding Author’s Name  
Nicolas Piuzzi  

5. Manuscript Title  
Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?  

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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. Higuera reports grants from Stryker, grants and personal fees from KCI, grants from Ferring Pharmaceuticals, grants from CD Diagnostics, grants and personal fees from Zimmer Biomet, grants from OREF, grants from Cempra, grants from Orthofix, grants from Cymedica, grants from Orthogenics, outside the submitted work; .
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Section 1. Identifying Information

1. Given Name (First Name)  
   Atul

2. Surname (Last Name)  
   Kamath

3. Date  
   09-August-2019

4. Are you the corresponding author?  
   Yes  [ ] No  
   Corresponding Author's Name  
   Nicolas S. Piuzzi

5. Manuscript Title  
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Dr. Kamath reports personal fees from ZimmerBiomet, personal fees from DePuy Synthes, outside the submitted work.

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2. Surname (Last Name)  Krebs
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Dr. Krebs has nothing to disclose.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)  Robert
2. Surname (Last Name)  Molloy
3. Date  09-August-2019
4. Are you the corresponding author?  Yes  No
   ✔  No
   Corresponding Author’s Name  Nicolas Piuzzi
5. Manuscript Title
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision 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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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

Section 5. Relationships not covered above

Are there 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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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. Molloy reports grants from Stryker, 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)  
   Michael

2. Surname (Last Name)  
   Mont

3. Date  
   23-September-2019

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

Corresponding Author’s Name  
Nicolas S. Pizzui

5. Manuscript Title  
Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

6. Manuscript Identifying Number (if you know it)

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
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Performance Dynamics | ☐ | ✔ | ☐ | ☐ | 
Pfizer | ☐ | ✔ | ☐ | ☐ | 
Stryker | ☐ | ✔ | ☐ | ☐ | 
Skye Biologics | ☐ | ✔ | ☐ | ☐ | 
TissueGene | ☐ | ✔ | ☐ | ☐ | 
US Medical Innovations | ☐ | ☐ | ✔ | ☐ | 

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. Mont reports personal fees from CyMedica, personal fees from Flexion Therapeutics, personal fees from DJ Orthopaedics, personal fees from Johnson and Johnson, personal fees from Ongoing Care Solutions, personal fees from Orthosensor, personal fees from Pacira, personal fees from Peerwell, personal fees from Performance Dynamics, personal fees from Pfizer, personal fees from Stryker, personal fees from Skye Biologics, personal fees from TissueGene, non-financial support from US Medical Innovations, outside the submitted work;
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
IMCJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Trevor

2. Surname (Last Name)  
   Murray

3. Date  
   09-August-2019

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

Corresponding Author’s Name  
Nicolas Piuzzi

5. Manuscript Title  
Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

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Yes ☐  No ☑

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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>Name of Entity</th>
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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Murray reports personal fees from Zimmer Biomet, 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)  
George

2. Surname (Last Name)  
Muschler

3. Date  
11-September-2019

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

Corresponding Author’s Name  
Nicolas S. Piuzzi

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Dr. Muschler has nothing to disclose.

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<td>Krebs</td>
<td>26-August-2019</td>
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4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author’s Name
Nicolas S. Piuzzi

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nicolas

2. Surname (Last Name)  
   Piuzzi

3. Date  
   09-August-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Piuzzi has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Jonathan</td>
<td>Schaffer</td>
<td>09-August-2019</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**
Nicolas Piuzzi

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Ahmed

2. Surname (Last Name)  
   Siddiqi

3. Date  
   09-August-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Nicolas S. Piuzzi

5. Manuscript Title  
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision Total Knee Arthroplasty?

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Dr. Siddiqi has nothing to disclose.

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1. Given Name (First Name)  
Kim  
2. Surname (Last Name)  
Stearns  
3. Date  
12-September-2019  
4. Are you the corresponding author?  
[ ] Yes  
[✓] No  
Corresponding Author’s Name  
Nicolas S. Piuzzi  
5. Manuscript Title  
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Dr. Stearns has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Juan

2. Surname (Last Name)  
Suarez

3. Date  
09-August-2019

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

Corresponding Author’s Name  
Nicolas Piuzzi

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If yes, please fill out the appropriate information below.

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Grant: A grant from an entity, generally [but not always] paid to your organization
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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
Issued: The patent has been issued by the agency
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)
   Jared

2. Surname (Last Name)
   Warren

3. Date
   09-August-2019

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

   Corresponding Author’s Name
   Nicolas S. Piuzzi

5. Manuscript Title
   Do Patient-Reported Outcomes Measures (Pain, Function, and Quality of Life) Improve After Aseptic Revision 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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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
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Section 5. Relationships not covered above
Are there 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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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Warren 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

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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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Greg
2. Surname (Last Name) Strnad
3. Date 09-August-2019
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name Nicolas Piuszi

5. Manuscript Title
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Mr. Strnad reports other from nPhase, outside the submitted work.

Evaluation and Feedback

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