ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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### Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Megan</td>
<td>Anderson</td>
<td>07-April-2021</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? Yes  ✔  No

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benton Heyworth</td>
</tr>
</tbody>
</table>

5. Manuscript Title
Surgical Treatment of Solitary Peri-Articular Osteochondromas about the Knee in Pediatric and Adolescent Patients: Complications and Functional Outcomes,

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00998

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Are there any relevant conflicts of interest?  Yes  ✔  No

### 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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Anderson 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) Benton
2. Surname (Last Name) Heyworth
3. Date 14-September-2020
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Surgical Treatment of Solitary Peri-Articular Osteochondromas about the Knee in Pediatric and Adolescent Patients: Complications and Functional Outcomes,
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00998

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Are there any relevant conflicts of interest? Yes ☑ No

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Are there any relevant conflicts of interest? Yes ☑ No
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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<tbody>
<tr>
<td>Imagen Technologies Inc.</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>Dr. Heyworth is a consultant and stock owner</td>
</tr>
<tr>
<td>Arthrex Inc.</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Springer Science &amp; Business</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Dr. Heyworth receives textbook-related royalties</td>
</tr>
<tr>
<td>Pediatric Orthopedic Society of North America</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Dr. Heyworth is a committee member (QSVI Trauma) and committee chair (mentorship)</td>
</tr>
<tr>
<td>Pediatric Research in Sports Medicine</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Dr. Heyworth is a Board of Directors Member (Director-At-Large)</td>
</tr>
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**Section 6. Disclosure Statement**

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Dr. Heyworth reports personal fees and other from Imagen Technologies Inc., personal fees from Arthrex Inc., personal fees from Springer Science & Business, other from Pediatric Orthopedic Society of North America, other from Pediatric Research in Sports Medicine, outside the submitted work.

**Evaluation and Feedback**

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Patricia |
| 2. Surname (Last Name)    | Miller   |
| 3. Date                   | 03-May-2021 |
| 4. Are you the corresponding author? | Yes ☐ No ✔ |
| Corresponding Author’s Name | Benton Heyworth |

### Manuscript Title
Surgical Treatment of Solitary Peri-Articular Osteochondromas about the Knee in Pediatric and Adolescent Patients: Complications and Functional Outcomes,

### Manuscript Identifying Number (if you know it)
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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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Ms. Miller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Samantha

2. Surname (Last Name)  
   Spencer

3. Date  
   28-April-2021

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Benton Heyworth

5. Manuscript Title  
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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Mark

2. **Surname (Last Name)**  
   Wu

3. **Date**  
   07-April-2021

4. **Are you the corresponding author?**  
   ☑ No

5. **Manuscript Title**  
   Surgical Treatment of Solitary Peri-Articular Osteochondromas about the Knee in Pediatric and Adolescent Patients: Complications and Functional Outcomes,

6. **Manuscript Identifying Number (if you know it)**  
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Dr. Wu has nothing to disclose.

Evaluation and Feedback

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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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally (but not always) paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**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

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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

Zheng
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Evan  
2. Surname (Last Name)  
   Zheng  
3. Date  
   07-April-2021  
4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No  
   
   Corresponding Author's Name: Benton Heyworth

5. Manuscript Title  
   Surgical Treatment of Solitary Peri-Articular Osteochondromas about the Knee in Pediatric and Adolescent Patients: Complications and Functional Outcomes,

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00998

## 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.

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

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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?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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