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.

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<tbody>
<tr>
<td>Evan</td>
<td>Argintar</td>
<td>24-July-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Arthrex Inc., Consultant
KCI Inc., Consultant

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Dr. Argintar reports and Arthrex Inc., Consultant
KCI Inc., Consultant.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Blake  
2. Surname (Last Name)  
   Bodendorfer  
3. Date  
   24-July-2019  
4. Are you the corresponding author?  
   ☑ No  
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Dr. Bodendorfer has nothing to disclose.

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<tbody>
<tr>
<td>Jonathan</td>
<td>Day</td>
<td>24-July-2019</td>
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**Corresponding Author’s Name**
Evan Argintar

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   Henry

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

3. **Date**
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