

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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4. Intellectual Property.

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

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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) Bayard	2. Surname (Last Name) Carlson	3. Date 17-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samuel Carlson
5. Manuscript Title Lack of Bone-on-Bone Arthritis is not a Strict Contraindication for Mobile-Bearing Unicompartmental Knee Arthroplasty		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Carlson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Juan	2. Surname (Last Name) Vargas-Hernandez	3. Date 17-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Samuel Carlson
5. Manuscript Title Lack of Bone-on-Bone Arthritis is not a Strict Contraindication for Mobile-Bearing Unicompartmental Knee Arthroplasty		
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Dr. Vargas-Hernandez has nothing to disclose.

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1. Given Name (First Name)
Samuel

2. Surname (Last Name)
Carlson

3. Date
17-December-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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4. Are you the corresponding author? Yes No Corresponding Author's Name
Samuel Carlson

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

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer-Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting
Zimmer-Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sierra reports other from Zimmer-Biomet, other from Link Orthopedics, other from Ortho Align outside the submitted work; .

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