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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3. **Relevant financial activities outside the submitted work.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
   
   Use this section to report 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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Ziemba-Davis
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Ziemba-Davis

3. Date  
   26-March-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   R. Michael Meneghini, MD

5. Manuscript Title  
   Satisfaction and Functional Outcomes in Unicompartmental Compared to Total Knee Arthroplasty: Radiographically-Matched Cohort Analysis

6. Manuscript Identifying Number (if you know it)

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   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
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Section 6. Disclosure Statement

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Dr. Ziemba-Davis 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)  Evan
2. Surname (Last Name) Deckard
3. Date 26-March-2020

4. Are you the corresponding author? □ Yes ☑ No
   Corresponding Author’s Name
   R. Michael Meneghini

5. Manuscript Title
   Satisfaction and Functional Outcomes in Unicompartmental Compared to Total Knee Arthroplasty: Radiographically-Matched Cohort Analysis
6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Mr. Deckard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Meneghini

3. Date  
   26-March-2020

4. Are you the corresponding author?  
   □ Yes  □ No

5. Manuscript Title  
   Satisfaction and Functional Outcomes in Unicompartmental Compared to Total Knee Arthroplasty: Radiographically-Matched Cohort Analysis

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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Comments</th>
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Dr. Meneghini reports grants and personal fees from DJO, personal fees from osteoremedies, personal fees from kinamed, personal fees from KCI, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Mitchell
2. Surname (Last Name)  Beckert
3. Date  26-March-2020

4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  R. Michael Meneghini

5. Manuscript Title
Satisfaction and Functional Outcomes in Unicompartmental Compared to Total Knee Arthroplasty: Radiographically-Matched Cohort Analysis
6. Manuscript Identifying Number (if you know it)

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Dr. Beckert reports a grant from Depuy Synthes, outside the submitted work.

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<tr>
<td>Kirsten</td>
<td>Jansen</td>
<td>26-March-2020</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No  

Corresponding Author’s Name  
R. Michael Meneghini

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Dr. Jansen 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.