

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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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)
John

2. Surname (Last Name)
Meehan

3. Date
23-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Simultaneous Bilateral Total Knee Arthroplasty: Recent Advances in the Understanding of Associated Risks and Benefits

6. Manuscript Identifying Number (if you know it)
Reviews- D-13-00111

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria for teaching at Depuy residents course

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. Meehan reports that he receives honoraria from Depuy, Orthopedics for speaking at residents' courses.

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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) Thomas 2. Surname (Last Name) Blumenfeld 3. Date 23-February-2014

4. Are you the corresponding author? Yes No Corresponding Author's Name
John P. Meehan, MD

5. Manuscript Title
Simultaneous Bilateral Total Knee Arthroplasty: Recent Advances in the Understanding of Associated Risks and Benefits

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy, a Johnson and Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties from Ti-Foam Hip Augment
Depuy, a Johnson and Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honararia for invited lectures and teaching sponsored by Depuy after 10/2012. No monies obtained for this research.
Depuy, a Johnson and Johnson Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant for Depuy involved in lectures and teaching on primary and revision hip and knee arthroplasty. Consultancy terminated by myself 10/2012, now occasional teaching via honoraria.

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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

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Sucher	3. Date 22-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. John Meehan
5. Manuscript Title Simultaneous Bilateral Total Knee Arthroplasty: Recent Advances in the Understanding of Associated Risks and Benefits		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Sucher 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) Richard	2. Surname (Last Name) White	3. Date 24-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Meehan
5. Manuscript Title Simultaneous Bilateral Total Knee Arthroplasty: Recent Advances in the Understanding of Associated Risks and Benefits		
6. Manuscript Identifying Number (if you know it)		

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Dr. White has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Kim

3. Date

23-February-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

SBTKA VS SEPARATE ADMISSION, STAGED BTKA- PROGRESS IN KNOWLEDGE SINCE 2000

6. Manuscript Identifying Number (if you know it)

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