

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenneth	2. Surname (Last Name) Zurcher	3. Date 05-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Copay
5. Manuscript Title Minimum Clinically Important Difference. Current Trends in the Orthopedic Literature. Part II: Lower extremity		
6. Manuscript Identifying Number (if you know it)		

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

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Are there any relevant conflicts of interest? Yes No

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. Zurcher 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)
Anne

2. Surname (Last Name)
Copay

3. Date
31-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Minimum Clinically Important Difference. Current Trends in the Orthopedic Literature. Part II: Lower Extremity

6. Manuscript Identifying Number (if you know it)

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Dr. Copay has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Andrew

2. Surname (Last Name)

Chung

3. Date

13-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Minimum Clinically Important Difference.
Current Trends in the Orthopedic Literature

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Blake	2. Surname (Last Name) Eyberg	3. Date 13-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anne Copay
5. Manuscript Title Minimum Clinically Important Difference. Current Trends in the Orthopedic Literature. Part II: Lower Extremity		
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1. Given Name (First Name) Norman

2. Surname (Last Name) Chutkan

3. Date 13-September-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name Anne Copay

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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
Globus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	royalties

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Dr. Chutkan reports other from Globus, outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) _____
Mark

2. Surname (Last Name) _____
Spangehl

3. Date _____
05-September-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name _____
Anne G. Copay

5. Manuscript Title _____
Minimum Clinically Important Difference. Current Trends in the Orthopedic Literature. Part II: Lower Extremity

6. Manuscript Identifying Number (if you know it) _____

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

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

Dr. Spangehl reports grants from Vidacare, grants from Stryker, grants from Depuy Synthes, outside the submitted work; .

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