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

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Section 1. Identifying Information

1. Given Name (First Name)  
Lorraine

2. Surname (Last Name)  
Hutzler

3. Date  
27-August-2019

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Joseph Bosco

5. Manuscript Title  
The Relationship Between Medicaid Coverage and Postoperative Outcomes Following Total Knee Arthroplasty: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-19-00085

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Lorraine Hutzler has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Nikita
2. Surname (Last Name) Lakomkin
3. Date 27-August-2019
4. Are you the corresponding author? ☑ No

Corresponding Author's Name

Joseph Bosco

5. Manuscript Title
The Relationship Between Medicaid Coverage and Postoperative Outcomes Following Total Knee Arthroplasty: A Systematic Review
6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00085

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Nikita Lakomkin has nothing to disclose.

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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Bosco

3. Date  
   27-August-2019

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