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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Lennart                             Schroeder                    13-April-2018

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

5. Manuscript Title
Patient Satisfaction, Functional Outcomes and Survivorship in Patients with a Customized Posterior Stabilized Total Knee Replacement.

6. Manuscript Identifying Number (if you know it)

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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?  ✔ 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.

Are there any relevant conflicts of interest?  ✔ Yes    □ No
If yes, please fill out the appropriate information below.

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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?  ✔ No
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Dr. Schroeder reports other from Conformis, Inc., 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)  
   William

2. Surname (Last Name)  
   Kurtz

3. Date  
   16-March-2018

4. Are you the corresponding author?  
   ☑ Yes

5. Manuscript Title  
   Patient Satisfaction, Functional Outcomes and Survivorship in Patients with a Customized Posterior Stabilized Total Knee Replacement.

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

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Dr. Kurtz reports other from Conformis Inc, during the conduct of the study; personal fees from Conformis Inc, personal fees from Conformis Inc, 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)  
   Vivekanand

2. Surname (Last Name)  
   Neginhal

3. Date  
   15-March-2018

4. Are you the corresponding author?  
   Yes ✗ No

   Corresponding Author’s Name  
   Lennart Schroeder

5. Manuscript Title  
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