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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Benjamin

2. Surname (Last Name)  
Ricciardi

3. Date  
03-January-2020

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
The treatment of periprosthetic distal femur fractures after total knee replacement: A critical analysis review.

6. Manuscript Identifying Number (if you know it)

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Dr. Ricciardi 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)  
   David  
2. Surname (Last Name)  
   Quinzi  
3. Date  
   03-January-2020  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Benjamin Ricciardi  
5. Manuscript Title  
   The treatment of periprosthetic distal femur fractures after total knee replacement: A critical analysis review.  
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Dr. Quinzi 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)**
   - Jason

2. **Surname (Last Name)**
   - Lipof

3. **Date**
   - 03-January-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - The treatment of periprosthetic distal femur fractures after total knee replacement: A critical analysis review.

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?  
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Are there any relevant conflicts of interest?  
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- No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sean
2. Surname (Last Name) Childs
3. Date 03-January-2020
4. Are you the corresponding author? □ Yes ✔ No
Corresponding Author's Name Benjamin Ricciardi
5. Manuscript Title
The treatment of periprosthetic distal femur fractures after total knee replacement: A critical analysis review.
6. Manuscript Identifying Number (if you know it)

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Dr. Childs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sandeep
2. Surname (Last Name) Soin
3. Date 03-January-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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