

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Quinzi has nothing to disclose.

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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 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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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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