

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) den Hollander	3. Effective Date (07-August-2008) 16-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bart L. Kaptein
5. Manuscript Title An RCT comparing tibia migration of a new cemented cruciate retaining knee prostheses design with the current design		
6. Manuscript Identifying Number (if you know it) BJJ-2020-0096.R1		

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Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Depuy	Costs for research nurse, X-rays, RSA instruments. All trial related costs	X
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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4. Intellectual Property.

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

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Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Marta

2. Surname (Last Name)
Fiocco

3. Date
17-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Bart Kaptein

5. Manuscript Title

An RCT comparing tibia migration of a new cemented cruciate retaining knee prostheses design with the current design

6. Manuscript Identifying Number (if you know it)

BJJ-2020-0096.R1

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Are there any relevant conflicts of interest? Yes No

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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? Yes No

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Section 6. Disclosure Statement

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

Dr. Fiocco has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Bart

2. Surname (Last Name)
Kaptein

3. Date
12-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
An RCT comparing tibia migration of a new cemented cruciate retaining knee prostheses design with the current design

6. Manuscript Identifying Number (if you know it)
BJJ-2020-0096.R1

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Kaptein reports grants from DePuy Synthes, during the conduct of the study; .

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1. Given Name (First Name) Robertus	2. Surname (Last Name) Nelissen	3. Effective Date (07-August-2008) 16-June-2020
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The Work Under Consideration for Publication

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1. Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DePuy Synthes		X
						ADD

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Bregje

2. Surname (Last Name)
Thomassen

3. Date
15-June-2020

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Corresponding Author's Name
Bart Kaptein

5. Manuscript Title
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