

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name **Anna** _____ 2. Surname **Palazzolo**
3. Are you the corresponding author? Yes _ No
4. Effective Date 3/11/2017 _____
5. Manuscript Title **OPENING WEDGE HIGH TIBIAL OSTEOTOMY AND ACL RECONSTRUCTION/REVISION**

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

2. Consulting fee or honorarium

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

3. Support for travel to meetings for the study or other purposes

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

5. Payment for writing or reviewing the manuscript

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments † ___

6. Provision of writing assistance, medicines, equipment, or administrative support

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7. Other

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† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

X_No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

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13. Other (err on the side of full disclosure)

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1. Given Name DAVIDE EDOARDO _____ 2. Surname BONASIA
3. Are you the corresponding author? Yes No
4. Effective Date 3/11/2017 _____
5. Manuscript Title OPENING WEDGE HIGH TIBIAL OSTEOTOMY AND ACL RECONSTRUCTION/REVISION

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Section 1. Identifying Information

1. Given Name **Roberto** _____ 2. Surname **Rossi**
3. Are you the corresponding author? Yes _ No **X**_
4. Effective Date **3/11/2017** _____
5. Manuscript Title **OPENING WEDGE HIGH TIBIAL OSTEOTOMY AND ACL RECONSTRUCTION/REVISION**

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PART OF THE TEACHING PROGRAM FOR ZIMMER-BIOMET AND SMITH AND NEPHEW ___

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