

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 six parts.

1. Identifying information.

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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".

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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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Other: Anything not covered under the previous three boxes

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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)
Takenori

2. Surname (Last Name)
Akiyama

3. Date
09-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ryuichi Nakamura

5. Manuscript Title
Medial closed wedge distal femoral osteotomy using a novel plate with an optimal compression system

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Olympus termo biomaterials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Payment for lectures including service on speakers bureaus, and Consultancy

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Eiji
 2. Surname (Last Name) _____ Kondo
 3. Date _____ 15-December-2020

4. Are you the corresponding author? Yes No
 Corresponding Author's Name _____
 Ryuichi Nakamura

5. Manuscript Title _____
 Medial closed wedge distal femoral osteotomy using a novel plate with an optimal compression system

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? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Olympus Terumo Biomaterials Co., Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith & Nephew KK, Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Japan Tissue Engineering Co., Ltd., Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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Centre for Sports Medicine, Hokkaido University Hospital have the following financial relationships to disclose. Grant/Research funding from Olympus Terumo Biomaterials Co., Japan, Smith & Nephew KK, Japan, and Japan Tissue Engineering Co., Ltd., Japan

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ryuichi 2. Surname (Last Name) Nakamura 3. Date 21-February-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Spreading roots sign for predicting medial meniscus posterior root tear on magnetic resonance imaging

6. Manuscript Identifying Number (if you know it)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Consultancy with Olympus Terumo Biomaterials	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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RN has a consultancy with Olympus Terumo Biomaterials

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hiroshi 2. Surname (Last Name) Nakayama 3. Date 02-August-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ryuichi Nakamura

5. Manuscript Title
Medial closed wedge distal femoral osteotomy using a novel plate with an optimal compression system

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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.

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

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Section 1. Identifying Information

1. Given Name (First Name) RYOHEI
 2. Surname (Last Name) TAKEUCHI
 3. Date 25-December-2020

4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 Ryuichi Nakamura

5. Manuscript Title
 Medial closed wedge distal femoral osteotomy using a novel plate with an optimal compression system

6. Manuscript Identifying Number (if you know it)

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