

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Salvatore

2. Surname (Last Name)
Risitano

3. Date
02-April-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Total knee arthroplasty after osteotomies around the knee

6. Manuscript Identifying Number (if you know it)
AOJ-17-40

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Dr. Risitano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alessandro	2. Surname (Last Name) Bistolfi	3. Date 02-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Salvatore Risitano
5. Manuscript Title Total knee arthroplasty after osteotomies around the knee		
6. Manuscript Identifying Number (if you know it) AOJ-17-40		

Section 2. The Work Under Consideration for Publication

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Dr. Bistolfi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Luigi	2. Surname (Last Name) Sabatini	3. Date 02-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Salvatore Risitano
5. Manuscript Title Total knee arthroplasty after osteotomies around the knee		
6. Manuscript Identifying Number (if you know it) AOJ-17-40		

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Section 1. Identifying Information

1. Given Name (First Name)
Fabrizio

2. Surname (Last Name)
Galetto

3. Date
02-April-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Salvatore Risitano

5. Manuscript Title
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