

ICMJE DISCLOSURE FORM

Date: 6/12/2023

Your Name: Bjoern Vogt

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	OrthoPediatrics
		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President of the German Limb Lengthening and Reconstruction Society (German LLRS)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Emma Hvidberg

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Jan Duedal Rölfing

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

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Date: 6/8/2023

Your Name: Georg Gosheger

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

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Your Name: Bjarne Møller-Madsen

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Ahmed Abood

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Veronika Weyer-Elberich

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Andrea Laufer

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Georg Gosheger

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Robert Rödl

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 6/8/2023

Your Name: Adrien Frommer

Manuscript Title: Radiographic reference values of the central knee anatomy in 8-16-year-old children

Manuscript Number (if known): AO-2023-121/R2

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1264 1516 1362"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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