

ICMJE DISCLOSURE FORM

Date: 4/2/2024

Your Name: Nizar Hamrouni

Manuscript Title: Microvascular free flap coverage of complex soft tissue defects after revision total knee arthroplasty: a cross-sectional observation study

Manuscript Number (if known): AO-16579

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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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: 4/2/2024

Your Name: Jens H Højvig

Manuscript Title: Microvascular free flap coverage of complex soft tissue defects after revision total knee arthroplasty: a cross-sectional observation study

Manuscript Number (if known): AO-16579

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Date: 4/2/2024

Your Name: Ulrik K Knudsen

Manuscript Title: Microvascular free flap coverage of complex soft tissue defects after revision total knee arthroplasty: a cross-sectional observation study

Manuscript Number (if known): AO-16579

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Your Name: Kurt K Skovgaard

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Date: 4/2/2024

Your Name: Lisa T Jensen

Manuscript Title: Microvascular free flap coverage of complex soft tissue defects after revision total knee arthroplasty: a cross-sectional observation study

Manuscript Number (if known): AO-16579

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Your Name: Christian T Bonde

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7	Support for attending meetings and/or travel	<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>							
8	Patents planned, issued or pending	<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>							
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>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>							

		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)
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Date: 4/2/2024

Your Name: Anders Odgaard

Manuscript Title: Microvascular free flap coverage of complex soft tissue defects after revision total knee arthroplasty: a cross-sectional observation study

Manuscript Number (if known): AO-16579

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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 checked="" type="checkbox"/> None	
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