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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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**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) | Philippe |
|-----------------------------|----------|
| 2. Surname (Last Name)     | Souchet  |
| 3. Date                    | 02-February-2021 |
| 4. Are you the corresponding author? | Yes | No |
| Corresponding Author’s Name | Anne-Laure Simon |
| 5. Manuscript Title         | The Functional Method: experience from the Robert Debré Hospital |
| 6. Manuscript Identifying Number (if you know it) | |

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes | No

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes | No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Souchet has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jean-Pierre
2. Surname (Last Name) Delaby
3. Date 02-February-2021
4. Are you the corresponding author? Yes No
   ✔
   Corresponding Author’s Name Anne-Laure Simon
5. Manuscript Title
   The Functional Method: experience from the Robert Debré Hospital
6. Manuscript Identifying Number (if you know it)

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Dr. Delaby has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Matthieu

2. **Surname (Last Name)**
   - Campana

3. **Date**
   - 02-February-2021

4. **Are you the corresponding author?**
   - Yes

Corresponding Author’s Name
- Anne-Laure Simon

5. **Manuscript Title**
- The Functional Method: experience from the Robert Debré Hospital

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes ☐ No ☑

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Are there any relevant conflicts of interest? Yes ☐ No ☑

## 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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Section 6. Disclosure Statement

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Dr. Campana has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jason

2. Surname (Last Name)  
   Chinnappa

3. Date  
   02-February-2021

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Anne-Laure Simon

5. Manuscript Title  
   The Functional Method: experience from the Robert Debré Hospital

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chinnappa has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Brice

2. **Surname (Last Name)**
   Ilharreborde

3. **Date**
   02-February-2021

4. **Are you the corresponding author?**
   - [ ] Yes
   - [X] No
   **Corresponding Author's Name**
   Anne-Laure Simon

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**

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Are there any relevant conflicts of interest?  
- [X] Yes
- [ ] No

If yes, please fill out the appropriate information below.

| Name of Entity   | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments   |
|------------------|--------|----------------|------------------------|--------|------------|
| Implant          |        |                |                        | [X]    | Consultant |
| ZimmerBiomet     |        | [ ]            | [ ]                    | [X]    | Consultant |

---

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes
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Dr. Ilharreborde reports other from Implanet, other from ZimmerBiomet, outside the submitted work.

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

5. Relationships not covered above.

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Anne-Laure
2. Surname (Last Name) Simon
3. Date 02-February-2021
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title
   The Functional Method: experience from the Robert Debré Hospital
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?
Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Simon has nothing to disclose.

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