ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name): Farshid
2. Surname (Last Name): Mohammadi
3. Effective Date (07-August-2008): 24-May-2012

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

5. Manuscript Title
Comparison of functional outcome measures of anterior cruciate ligament reconstruction using either patellar tendon or hamstring tendon grafts and controls in competitive soccer players;A randomized trial

6. Manuscript Identifying Number (if you know it)

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1. Grant	☑	☐	☐			×
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2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
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6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Mahyar
2. Surname (Last Name): Salavati
3. Effective Date (07-August-2008): 14-August-2012

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

Corresponding Author's Name: Farshid Mohammadi

5. Manuscript Title: Comparison of functional outcome measures of anterior cruciate ligament reconstruction using either patellar tendon or hamstring tendon grafts and controls in competitive soccer players;A randomized trial

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1. Given Name (First Name): Seyyed Mosen
2. Surname (Last Name): Mir
3. Effective Date (07-August-2008): 14-August-2012

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

Corresponding Author's Name: Farshid Mohammadi

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1. Given Name (First Name): Masood
2. Surname (Last Name): Mazaheri
3. Effective Date (07-August-2008): 13-August-2012

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

Corresponding Author's Name: Farshdi Mohammadi

5. Manuscript Title: Comparison of functional outcome measures of anterior cruciate ligament reconstruction using either patellar tendon or hamstring tendon grafts and controls in competitive soccer players;A randomized trial

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2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1. Identifying Information

1. Given Name (First Name): Yasaman
2. Surname (Last Name): Etemadi
3. Effective Date (07-August-2008): 14-August-2012

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

Corresponding Author's Name: Farshid Mohamamdi

5. Manuscript Title: Comparison of functional outcome measures of anterior cruciate ligament reconstruction using either patellar tendon or hamstring tendon grafts and controls in competitive soccer players;A randomized trial

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

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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						ADD
7. Other	☑	☐	☐			×
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1. Given Name (First Name): Behnam
2. Surname (Last Name): Akhbari
3. Effective Date (07-August-2008): 13-August-2012

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Corresponding Author's Name: Farshid Mohammadi

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