

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tadashi	2. Surname (Last Name) Funahashi	3. Date 12-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lisa M. Tibor, MD
5. Manuscript Title Surgical Technique Trends in Primary Anterior Cruciate Ligament Reconstruction from 2007 through 2014		
6. Manuscript Identifying Number (if you know it) 		

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

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Dr. Funahashi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Maria

2. Surname (Last Name)
Inacio

3. Date

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lisa Tibor

5. Manuscript Title

Surgical Technique Trends in Primary Anterior Cruciate Ligament Reconstruction from 2007 through 2014.

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-00881R1

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Section 1. Identifying Information

1. Given Name (First Name)
Ronald

2. Surname (Last Name)
Wyatt

3. Date
09-November-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lisa Tabor

5. Manuscript Title
Surgical Technique Trends in Primary Anterior Cruciate Ligament Reconstruction from 2007 to 2014

6. Manuscript Identifying Number (if you know it)

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Dr. Wyatt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Priscilla

2. Surname (Last Name)
Chan

3. Date
05-November-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Lisa Tibor

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Maletis	3. Date 09-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lisa Tibor
5. Manuscript Title Surgical Technique Trends in Primary Anterior Cruciate Ligament Reconstruction from 2007 through 2014		
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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)

Lisa

2. Surname (Last Name)

Tibor

3. Date

07-November-2015

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Surgical Technique Trends in Primary Anterior Cruciate Ligament Reconstruction from 2007 through 2014

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-00881R1

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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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Section 5. Relationships not covered above

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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. Tibor has nothing to disclose.

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