

Instructions

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Imhauser 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Carl	2. Surnar Imhause	ne (Last Nan er	ne)		3. Date 21-March-2015	
4. Are you the corresponding author?	Yes	✓ No	Correspond Ran Thein	_	or's Name	
5. Manuscript Title Biomechanical assessment of the antercanterior stability		ament: a s	econdary restrain	nt to simu	llated tests of the pivot shift and of	
6. Manuscript Identifying Number (if you known	ow it)					
Section 2. The Work Under Co	ncidovo	tion for D	uhlisation			
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limst? \(\sqrt{\sqrt{\gamma}} \) rmation b	nited to gran Yes	ts, data monitoring	board, st	udy design, manuscript preparation,	
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
(irby Foundation				✓	Private Foundation	
nstitute for Sports Medicine Research				√	Private Foundation	
ourgeon in Chief Fund at Hospital for Special ourgery				✓	Institutional funding	
Gosnell Family					Philanthropic funding	
he Clark Foundation						
Section 3. Relevant financial a	ctivities	outside 1	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repare there any relevant conflicts of interest.	oed in the ort relatio	instruction onships tha	ns. Use one line fo t were present d	or each er	ntity; add as many lines as you neec	

Imhauser 2



Soutien 4
Section 4. Intellectual Property Patents & Copyrights
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Dr. Imhauser reports other from Kirby Foundation, other from Institute for Sports Medicine Research, other from Surgeon in Chief Fund at Hospital for Special Surgery, from Gosnell Family, and The Clark Foundation during the conduct of the study.

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Imhauser 3



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patent

Boorman-Padgett 1



Continu 1							
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Given Name (First Name) James	2. Surname Boorman-l	(Last Name) Padgett			3. Date 24-March-2015		
4. Are you the corresponding author?	Yes	✓ No	Correspond	_	or's Name		
5. Manuscript Title Biomechanical assessment of the anterolateral ligament: a secondary restraint to simulated tests of the pivot shift and of anterior stability							
6. Manuscript Identifying Number (if you kn	now it)						
			_				
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If yes, please fill out the appropriate info Excess rows can be removed by pressing			e more thar	one ent	ity press the "ADD" button to add a r	ow.	
Name of Institution/Company	Grant? P	ersonal Nor	-Financial upport	Other?	Comments		
Kirby Foundation				✓	Private Foundation		
nstitute for Sports Medicine Research				✓	Private Foundation		
Surgeon in Chief Fund at Hospital for Special Surgery				✓	Institutional funding		
Gosnell Family					Philanthropic funding		
Section 3. Relevant financial	activities o	utside the s	ubmitted	work.			
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the ir port relations	structions. Us ships that wer	e one line fo	or each ei	ntity; add as many lines as you need		
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Boorman-Padgett 2



Soutien A
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If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	nation		
1. Given Name (First Name) Andrew	2. Surname (Last Name) Pearle		3. Date 24-March-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Biomechanical assessment of the anter anterior stability	olateral ligament: a secon	dary restraint to simu	ulated tests of the pivot shift and of
6. Manuscript Identifying Number (if you kr	now it)		
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Section 2			
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		
Are there any relevant conflicts of interest			its course the "ADD" button to odd a vecu
If yes, please fill out the appropriate info Excess rows can be removed by pressin	-	e more than one ent	ity press the ADD button to add a row
Name of Institution/Company	Grant	n-Financial Other?	Comments
irby Foundation			Private Foundation
stitute for Sports Medicine Research			Private Foundation
urgeon in Chief Fund at Hospital for Special urgery			Institutional funding
osnell Family			Philanthropic funding
,			- The state of the
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in the appropriate boxes of compensation) with entities as described.			
clicking the "Add +" box. You should re			
Are there any relevant conflicts of interest	est? ✓ Yes No		



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments		
StrykerMAKO Surgical Corp		✓			Consultant		
Biomet, Inc.		✓			Consultant		
Blue Belt Technologies, Inc		\checkmark			scientific advisory board		
Section 4. Intellectual Property Patents & Copyrights							
Do you have any patents, whether planne	ed, pend	ing or issue		nt to the	work? Yes 🗸 No		
Relationships not co	overed	above					
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Dr. Pearle reports other from a consultan advisory board for Blue Belt Technologie Research, other from Surgeon in Chief Fustudy; .	s, Inc, oth	ner from Ki	rby Foundation, o	ther fron	n Institute for Sports Medicine		



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Stone 1



1. Given Name (First Name)	2. Surname (Last Name)				
Kyle	Stone (Last Name)			3. Date 24-March-2015	
4. Are you the corresponding author?	Yes 🗸 No	Correspond Ran Thein	ling Autho	or's Name	
5. Manuscript Title Biomechanical assessment of the anterol anterior stability	-	ondary restrain	t to simu	lated tests of the pivot shif	t and of
6. Manuscript Identifying Number (if you kno	ow it)				
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Did you or your institution at any time receiveny aspect of the submitted work (including by	ve payment or services fro	om a third party (
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Section 3. Polovant financial					
Relevant financial	activities outsi	de the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructors port relationships	tions. Use one line f	or each ent	tity; add as many lines as you no	eed by

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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 Volume No
Section 5. Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Thein reports other from Kirby Foundation, other from Institute for Sports Medicine Research, other from Surgeon in Chief Fund at Hospital for Special Surgery, from Gosnell Family, during the conduct of the study; .

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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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 six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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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If yes, please fill out the appropriate information below.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	ation		
Given Name (First Name) Thomas	2. Surname (Last Name) Wickiewicz		3. Date 24-March-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Biomechanical assessment of the anter- anterior stability	olateral ligament: a secon	dary restraint to simu	ulated tests of the pivot shift and of
6. Manuscript Identifying Number (if you kr	now it)		
		_	
Section 2. The Work Under Co		••	
The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of interes	est? ✓ Yes No		
If yes, please fill out the appropriate info		e more than one ent	ity press the "ADD" button to add a rov
Excess rows can be removed by pressing			
Name of Institution/Company	Grant	n-Financial upport?	Comments
Grby Foundation		$\overline{}$	Private Foundation
nstitute for Sports Medicine Research			Private Foundation
urgeon in Chief Fund at Hospital for Special urgery			Institutional funding
Gosnell Family			Philanthropic funding
Section 3. Relevant financial		1 100 1	
Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i	n the table to indicate wh	ether you have finan	cial relationships (regardless of amoun
of compensation) with entities as descri			
clicking the "Add +" box. You should rep	•	re present during th	e 36 months prior to publication.
Are there any relevant conflicts of interest	est? ✓ Yes No		

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Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other? Comment	s	
MAKO Surgical Corp			✓ receives roya	lties	
Section 4. Intellectual Bronout					
Intellectual Propert	y Patents & Cop	yrights			
Do you have any patents, whether plann	ed, pending or issued	d, broadly relevan	t to the work?	res ✓ No	
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i	•		fluenced, or that giv	e the appearance of	
Yes, the following relationships/cond	itions/circumstances	are present (expl	ain below):		
No other relationships/conditions/cir	cumstances that pre	sent a potential co	onflict of interest		
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ents.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.		enerate a disclosu	ire statement, which	will appear in the box	
Dr. Wickiewicz reports other from MAKO Medicine Research, other from Surgeon conduct of the study; .		•		•	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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