

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 six parts.

1. 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.

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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.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|------------------------------------|---|
| 1. Given Name (First Name) Annunziato | 2. Surname (Last Name) Amendola | 3. Date 29-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 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

Section 3. Relevant financial activities outside the submitted work.

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**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Arthrex, Inc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| National Institutes of Health | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| AO Trauma North America | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arthrosurface, Inc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| MTP Solutions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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

Section 5. Relationships not covered above

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- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Amendola reports personal fees from Arthrex, Inc., grants from National Institutes of Health, grants from AO Trauma North America, personal fees from Arthrosurface, Inc., personal fees from MTP Solutions, outside the submitted work; .

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)

Jack

2. Surname (Last Name)

Andrish

3. Date

09-June-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Robert H. Brophy, MD

5. Manuscript Title

Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Andrish has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Brophy

3. Date
10-June-2014

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

5. Manuscript Title
Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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Dr. Brophy 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) Warren | 2. Surname (Last Name) Dunn | 3. Date 30-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R01 AR053684 (Spindler; PI) |
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K23 AR052392 (Dunn; PI) |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| Smith and Nephew Endoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |
| Donjoy Orthopaedics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |

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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

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Dr. Dunn reports grants from National Institutes of Health (NIH/NIAMS), grants from National Institutes of Health (NIH/NIAMS), during the conduct of the study; other from Smith and Nephew Endoscopy, other from Donjoy Orthopaedics, outside the submitted work; .

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Section 1. Identifying Information

| | | |
|---|----------------------------------|---|
| 1. Given Name (First Name) Laura | 2. Surname (Last Name) Huston | 3. Date 28-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
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|----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| Smith and Nephew Endoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |
| Donjoy Orthopaedics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ 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?

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Section 6. Disclosure Statement

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Ms. Huston reports grants from National Institutes of Health (NIH/NIAMS), grants from National Institutes of Health (NIH/NIAMS), during the conduct of the study; other from Smith and Nephew Endoscopy, other from Donjoy Orthopaedics, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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

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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)
Christopher

2. Surname (Last Name)
Kaeding

3. Date
31-May-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robert H. Brophy, MD

5. Manuscript Title
Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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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

Section 3. Relevant financial activities outside the submitted work.

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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. Kaeding 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)
Robert

2. Surname (Last Name)
Marx

3. Date
28-May-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robert H. Brophy, MD

5. Manuscript Title
Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Royalties from Intellectual Property:
Demos Health (The ACL Solution)
Springer ("Revision ACL Reconstruction: Indications and Technique")

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Section 6. Disclosure Statement

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Dr. Marx reports and Royalties from Intellectual Property:
Demos Health (The ACL Solution)
Springer ("Revision ACL Reconstruction: Indications and Technique").

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

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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)

Eric

2. Surname (Last Name)

McCarty

3. Date

10-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Robert Brophy, MD

5. Manuscript Title

Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Biomet sports medicine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smith & Nephew | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Mitek | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Biomet sports medicine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stryker | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. McCarty reports personal fees from Biomet sports medicine, grants from Smith & Nephew, grants from Mitek, grants from Biomet sports medicine, grants from Stryker, outside the submitted work; .

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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) Samuel | 2. Surname (Last Name) Nwosu | 3. Date 05-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant #5R01 AR053684 (Spindler, PI) |
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grant #5K23 AR052392 (Dunn, PI) |

Section 3. Relevant financial activities outside the submitted work.

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|----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| Smith and Nephew Endoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted educational gift |
| Donjoy Orthopaedics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted educational gift |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Nwosu reports grants from National Institutes of Health (NIH/NIAMS), grants from National Institutes of Health (NIH/NIAMS), during the conduct of the study; other from Smith and Nephew Endoscopy, other from Donjoy Orthopaedics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|----------------------------------|---|
| 1. Given Name (First Name) Richard | 2. Surname (Last Name) Parker | 3. Date 28-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
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| 6. Manuscript Identifying Number (if you know it) | | |

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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):
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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. Parker has nothing to disclose.

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|------------------------------------|---|
| 1. Given Name (First Name) Kurt | 2. Surname (Last Name) Spindler | 3. Date 06-June-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | R01 AR053684 (Spindler; PI) |
| National Institutes of Health (NIH/NIAMS) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K23 AR052392 (Dunn; PI) |

Section 3. Relevant financial activities outside the submitted work.

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

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------|
| Smith and Nephew Endoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |
| Donjoy Orthopaedics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Unrestricted Educational Gift |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Spindler reports grants from National Institutes of Health (NIH/NIAMS), grants from National Institutes of Health (NIH/NIAMS), during the conduct of the study; other from Smith and Nephew Endoscopy, other from Donjoy Orthopaedics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|--------------------------------|---|
| 1. Given Name (First Name) Brian | 2. Surname (Last Name) Wolf | 3. Date 30-May-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Diabetes and Graft Choice are Risk Factors for Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 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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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------|
| United Health Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Scientific Advisory Board |

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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Dr. Wolf reports other from United Health Care, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Rick | 2. Surname (Last Name) Wright | 3. Date 11-December-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert H. Brophy, MD |
| 5. Manuscript Title Factors Associated with Infection Following Anterior Cruciate Ligament Reconstruction | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------------|
| National Institutes of Health; National Institute of Arthritis and Musculoskeletal and Skin Diseases | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Grant |

Section 3. Relevant financial activities outside the submitted work.

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| Wolters Kluwer Lippincott Williams & Wilkins | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Book royalties |

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