

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Coughlin

3. Date
13-November-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Elizabeth Wahl, MD

5. Manuscript Title
How Arthroscope Orientation Effects Performance. Arthroscopy in the Perspective of the Viewer and Arthroscopy Opposite of the Viewer

6. Manuscript Identifying Number (if you know it)

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Dr. Coughlin 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) Grant	2. Surname (Last Name) Garrigues	3. Date 13-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Elizabeth Wahl , MD
5. Manuscript Title How Arthroscop Orientation Effects Performance. Arthroscopy in the Perspective of the Viewer and Arthroscopy Opposite of the Viewer		
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Dr. Garrigues has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Cynthia

2. Surname (Last Name)
Green

3. Date
13-November-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Elizabeth Wahl, MD

5. Manuscript Title
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1. Given Name (First Name)
Dayne

2. Surname (Last Name)
Mickelson

3. Date
13-November-2017

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☐ Yes ☒ No

Corresponding Author's Name
Elizabeth Wahl, MD

5. Manuscript Title
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Elizabeth

2. Surname (Last Name)
Wahl

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13-November-2017

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