

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.

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3. Relevant financial activities outside the submitted work.

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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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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Christopher	2. Surname (Last Name) Kweon	3. Date 15-January-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title What's New in Sports Medicine		

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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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



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Section 6. Disclosure Statement

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Dr. Kweon has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Mia	2. Surname (Last Name) Smucny Hagen	3. Date 15-January-2019
4. Are you the corresponding	g author? 🖌 Yes 🗌 No	
5. Manuscript Title What's New in Sports Med	icine	
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Are there any relevant conflicts of interest?	\checkmark	Yes		No
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	۰.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
JBJS				\checkmark	Author stipend	

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Dr. Gee reports other from JBJS, during the conduct of the study; .

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