

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)
Jonathan

2. Surname (Last Name)
Bravman

3. Date
04-April-2018

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

5. Manuscript Title
"Doctor, What Happens After My Anterior Cruciate Ligament Reconstruction?"

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bravman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Frank

3. Date
04-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jonathan Bravman

5. Manuscript Title
"Doctor, What Happens After My Anterior Cruciate Ligament Reconstruction?"

6. Manuscript Identifying Number (if you know it)

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Dr. Frank has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Darby

2. Surname (Last Name)
Houck

3. Date
04-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jonathan Bravman

5. Manuscript Title
"Doctor, What Happens After My Anterior Cruciate Ligament Reconstruction?"

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1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Kraeutler

3. Date
04-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Jonathan Bravman

5. Manuscript Title
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Section 1. Identifying Information

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Eric

2. Surname (Last Name)

McCarty

3. Date

04-April-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Jonathan Bravman

5. Manuscript Title

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Dr. McCarty has nothing to disclose.

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