

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Tulio

2. Surname (Last Name)

Campos

3. Date

15-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dustin Richter

5. Manuscript Title

The Management of Knee Dislocations in the Limited Resource Setting

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00743

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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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?

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Dr. Campos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Held

3. Date
15-June-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dustin Richter

5. Manuscript Title
The Management of Knee Dislocations in the Limited Resource Setting

6. Manuscript Identifying Number (if you know it)
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Dr. Held has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Schenck	3. Date 15-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dustin Richter
5. Manuscript Title The Management of Knee Dislocations in the Limited Resource Setting		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00743		

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Dr. Schenck has nothing to disclose.

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1. Given Name (First Name) Daniel	2. Surname (Last Name) Wascher	3. Date 15-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dustin Richter
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
Smith & Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
Orthopaedic Journal of Sports Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Associate Editor

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. Wascher reports grants from Arthrex, grants from Smith & Nephew, personal fees from Orthopaedic Journal of Sports Medicine, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Dustin

2. Surname (Last Name)
Richter

3. Date
15-June-2020

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

5. Manuscript Title
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Richter reports other from Arthrex, other from Smith and Nephew, from null, outside the submitted work; .

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