

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Alaia

3. Date  
22-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
David Bloom

5. Manuscript Title  
Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Alaia 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)

Kirk

2. Surname (Last Name)

Campbell

3. Date

22-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

David Bloom

5. Manuscript Title

Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Christina

2. Surname (Last Name)  
Herrero

3. Date  
22-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
David Bloom

5. Manuscript Title  
Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial

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### Section 1. Identifying Information

1. Given Name (First Name)  
Laith

2. Surname (Last Name)  
Jazrawi

3. Date  
22-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
David Bloom

5. Manuscript Title  
Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial

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Dr. Jazrawi has nothing to disclose.

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1. Given Name (First Name)  
David

2. Surname (Last Name)  
Bloom

3. Date  
22-January-2021

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5. Manuscript Title  
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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Charles

2. Surname (Last Name)  
Lin

3. Date  
22-January-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
David Bloom

5. Manuscript Title  
Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial

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.

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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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Dr. Lin has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Guillem	2. Surname (Last Name) Gonzalez-Lomas	3. Date 22-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Bloom
5. Manuscript Title Patient Satisfaction with Overall Care Is Equivalent Using Telemedicine Versus Traditional Office-Based Follow Up After Arthroscopic Meniscus Surgery: A Prospective Randomized Controlled Trial		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Strauss

3. Date

22-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

David Bloom

5. Manuscript Title

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