

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Robert	2. Surname (Last Name) LaPrade	3. Date 05-June-2017
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Posteromedial Corner Knee Injuries: Diagnosis, Management, and Outcomes. A Critical Analysis Review		
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

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Ossur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy
Health East, Norway	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH R-13 grant for biologics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith and Nephew, personal fees from Ossur, grants from Health East, Norway, grants from NIH R-13 grant for biologics, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jorge

2. Surname (Last Name)
Chahla

3. Date
07-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robert F LaPrade

5. Manuscript Title
Return to National Basketball Association Competition Following Anterior Cruciate Ligament and Fibular Collateral Ligament Injuries: A Case Report

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Dr. Chahla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Kennedy

3. Date
07-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robert F LaPrade

5. Manuscript Title
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Dr. Kennedy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Cinque

3. Date
07-March-2017

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☐ Yes

☒ No

Corresponding Author's Name
Robert F LaPrade

5. Manuscript Title
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Mr. Cinque has nothing to disclose.

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Luke

2. Surname (Last Name)
O'Brien

3. Date
07-March-2017

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☐ Yes ☒ No

Corresponding Author's Name
Robert F LaPrade

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