ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name): Sravya
2. Surname (Last Name): Vajapey
3. Date: 17-August-2020

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

5. Manuscript Title
Medial OA in an ACL-deficient knee: Patient characteristics guide treatment options

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-20-00132

Section 2. The Work Under Consideration for Publication

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

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Dr. Vajapey has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Douglas

2. Surname (Last Name)
Chonko

3. Date
17-August-2020

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

Corresponding Author's Name
Sravya Vajapey

5. Manuscript Title
Medial OA in an ACL-deficient knee: Patient characteristics guide treatment options

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-20-00132

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Dr. Chonko has nothing to disclose.

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1. Given Name (First Name)
Paul

2. Surname (Last Name)
Alvarez

3. Date
17-August-2020

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

Corresponding Author's Name
Sravya Vajapey

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Nicholas

2. Surname (Last Name)
Greco

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17-August-2020

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Corresponding Author's Name
Sravya Vajapey

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