

ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1: Identifying Information

1. Given Name (First Name)
Iftach

2. Surname (Last Name)
Hetsroni

3. Date
03-October-2022

4. Are you the corresponding author? Yes No

5. Manuscript Title
Ipsilateral Quadriceps tendon-bone ACL revision reconstruction to address failed primary bone-patellar tendon-bone ACL reconstruction with persistent patellar bone defect

6. Manuscript Identifying Number (if you know it)

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Yuval

2. Surname (Last Name)

Fuchs

3. Date

03-October-2022

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Yes No

Corresponding Author's Name

Iftach Hetsroni

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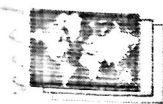
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