



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Austin

2. Surname (Last Name)
Wetzler

3. Date
09-June-2023

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Merrick Wetzler, MD

5. Manuscript Title
Medial Patellofemoral Ligament Repair and Augmentation with Bioinductive Implant: Case Series and Biomechanical Testing

6. Manuscript Identifying Number (if you know it)
ARTH-23-726

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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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Section 5. Relationships not covered above

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Section 1. Identifying Information

1. Given Name (First Name) _____ 2. Surname (Last Name) _____ 3. Date _____
 Sean _____ McMillian _____ 09-June-2023

4. Are you the corresponding author? Yes No Corresponding Author's Name
 Merrick Wetzler, MD

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 Medical Patelofemoral Ligament Repair and Augmentation with Bioinductive Implant: Case Series and Biomechanical Testing

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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
Biorez	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
ConMed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mitek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trice Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Micah	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Avalon AI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock
Kaliber Technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock



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Dr. McMillan reports personal fees and other from Biorez, personal fees from ConMed, personal fees from Mitek, personal fees from BD, personal fees and other from Trice Medical, personal fees from Micah, other from Avalon AI, other from Kaliber Technologies, outside the submitted work; and American osteopathic academy of orthopedics Board of directors
New Jersey state orthopedic society Board of directors.



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1. Given Name (First Name) Erik
2. Surname (Last Name) Brewer
3. Date 09-June-2023

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Merrick Wetzler, MD

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1. Given Name (First Name) **Aakash** 2. Surname (Last Name) **Patel** 3. Date **09-June-2023**

4. Are you the corresponding author? Yes No Corresponding Author's Name
Merrick Wetzel, MD

5. Manuscript Title
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1. Given Name (First Name) Samuel 2. Surname (Last Name) Handy 3. Date 09-June-2023
4. Are you the corresponding author? Yes No Corresponding Author's Name Merrick Wetzel, MD
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AANA representative to the AAOS Board of Specialty

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Dr. Wetzler reports grants from Biorez, grants from Philadelphia College Osteopathic Medicine, during the conduct of the study; and Editorial Board - Journal of Arthroscopy
Member: Developmental and Membership Committee - AANA
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