

ICMJJE DISCLOSURE FORM

Date: 01.07.2024

Your Name: Jonas Müller

Manuscript Title: Medial collateral ligament section during unicompartmental knee arthroplasty managed by direct repair and fascia lata augmentation autograft. A Case report and surgical technique

Manuscript number (if known): ACR-24-30

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Please summarize the above conflict of interest in the following box:

No conflicts of interest to declare

Please place an "X" next to the following statement to indicate your agreement:

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Date: 01.07.2024

Your Name: Marc Prod'homme

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Date: 01.07.2024

Your Name: Laurie Stockton

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Your Name: Guillaume Jaques

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Date: 01.07.2024

Your Name: Michel Sadowski

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