

Arthroscopy: The Journal of Arthroscopic and Related Surgery

— Instructions —

ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information

Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work

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Section 4. Other relationships

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Aristides 2. Surname Cruz Jr.
4. Effective Date 2/21/17
5. Manuscript Title Tibial Eminence Fracture Repair with Double Hewson Suture Passer Technique

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

2. Consulting fee or honorarium

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

3. Support for travel to meetings for the study or other purposes

No Yes, money paid to you Yes, money paid to institution* Name of entity____
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

5. Payment for writing or reviewing the manuscript

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

6. Provision of writing assistance, medicines, equipment, or administrative support

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

7. Other

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

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10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

13. Other (err on the side of full disclosure)

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Section 1. Identifying Information

1. Given Name Steven 2. Surname DeFroda
4. Effective Date 2/21/17
5. Manuscript Title Tibial Eminence Fracture Repair with Double Hewson Suture Passer Technique

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No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

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8. Patents (planned, pending or issued)

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9. Royalties

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10. Payment for development of educational presentations

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name ___Jonathan_____ 2. Surname ___ Hodax
4. Effective Date ___2/21/17_____
5. Manuscript Title _____ Tibial Eminence Fracture Repair with Double Hewson Suture Passer
Technique _____

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Comments: Contracted to author online courses for entry-level orthopedic resident education, unrelated to this research.

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

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No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
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4. Expert testimony

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8. Patents (planned, pending or issued)

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