

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.

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Enter your full name and provide the manuscript title.

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Section 1. Identifying Information

1. Given Name Masafumi 2. Surname Horie
3. Are you the corresponding author? Yes No
4. Effective Date March 15, 2017
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Koji 2. Surname Otabe
3. Are you the corresponding author? Yes No
4. Effective Date March 15, 2017
5. Manuscript Title Augmentation of the Pull-out Repair of a Medial Meniscus Posterior Root Tear by Arthroscopic Centralization

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

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