

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:

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Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication

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Section 3. Relevant financial activities outside the submitted work

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Section 4. Other relationships

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _____ Matheus Rocha _____ 2. Surname ___de Aguiar
3. Are you the corresponding author? Yes ___ No ___
4. Effective Date _____ 03/31/2017 _____
5. Manuscript Title _____ **THE EXTERNAL ROTATION RADIOGRAPHIC TECHNIQUE FOR POSTEROLATERAL INJURY**

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

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Comments† ___

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Comments† ___

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No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
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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**

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3. Are you the corresponding author? Yes ___ No
4. Effective Date _____ 03/31/2017 _____
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3. Are you the corresponding author? Yes No _____
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Section 1. Identifying Information

1. Given Name _____ Joao L _____ 2. Surname ____ Ellera Gomes
3. Are you the corresponding author? Yes ____ No
4. Effective Date _____ 03/31/2017 _____
5. Manuscript Title _____ The external rotation radiographic technique for posterolateral injury

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4. Expert testimony

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5. Grants/grants pending

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

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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

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Section 1. Identifying Information

1. Given Name _____ Luiza B _____ 2. Surname _____ Horta Barbosa
3. Are you the corresponding author? Yes ___ No ___
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