

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

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Section 1. Identifying Information

1. Given Name Adnan___ 2. Surname ___ Saithna___
3. Are you the corresponding author? Yes ___ No_X_
4. Effective Date __26/02/2017_____
5. Manuscript Title _ Suture Repair of Full Radial Posterior Lateral Meniscus Tears Using a Central Midline Portal

Section 2. The Work Under Consideration for Publication

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1. Grant

___No _X_Yes, money paid to you ___Yes, money paid to institution* Name of entity___
Comments†___

2. Consulting fee or honorarium

_X_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

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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

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

8. Patents (planned, pending or issued)

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1. Given Name Levi___ 2. Surname __Reina Fernandes__
3. Are you the corresponding author? Yes ___ No X
4. Effective Date __26/02/2017_____
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Comments____

3. Employment

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4. Expert testimony

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5. Grants/grants pending

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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____

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