

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.

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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: Nicholas
2. Surname: Bonazza
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: February 14, 2017
5. Manuscript Title: Combined anterior cruciate ligament and medial collateral ligament reconstruction using a single Achilles allograft

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

X No ___ 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

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

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

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

5. Payment for writing or reviewing the manuscript

X 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

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

7. Other

X 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

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

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

5. Grants/grants pending

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

X 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 X Yes, money paid to you ___ Yes, money paid to institution* Name of entity AAOS Comments
Expenses covered for Meetings for AAOS Resident Assembly as part of Executive Committee

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

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity _____ Comments: ___

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2. Consultancy

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment

X 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: Two different law firms
Comments: Both depositions were done on behalf of patients involved in worker's compensation claims and all I have treated.

5. Grants/grants pending

X 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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X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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

___ No ___ Yes, money paid to you X Yes, money paid to institution* Name of entity: Aesculap
Comments: Research support for Phase IV clinical trial

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1. Given Name: Gery 2. Surname: Kozlansky
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: February 14, 2017
5. Manuscript Title: Combined anterior cruciate ligament and medial collateral ligament reconstruction using a single Achilles allograft

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Russell 2. Surname: Warren
3. Are you the corresponding author? Yes ___ No X
4. Effective Date: February 16, 2017
5. Manuscript Title: Combined anterior cruciate ligament and medial collateral ligament reconstruction using a single Achilles allograft

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3. Employment

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4. Expert testimony

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5. Grants/grants pending

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

___ No x Yes, money paid to you ___ Yes, money paid to institution* Name of entity: Arthrex; Zimmer-Biomet Comments___

10. Payment for development of educational presentations

X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

___ No x Yes, money paid to you ___ Yes, money paid to institution* Name of entity: Ivy Sports Medicine; orthonet; OrthoSensor, Inc. Comments___

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

X 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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