

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 4. Other relationships

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Section 1. Identifying Information

1. Given Name: Dhong Won
2. Surname : Lee
3. Are you the corresponding author? No
4. Effective Date : 29/3/2017
5. Manuscript Title: Arthroscopic Lateral Meniscal Allograft Transplantation with Key-Hole Technique

Section 2. The Work Under Consideration for Publication

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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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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___

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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___

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10. Payment for development of educational presentations

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

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

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1. Given Name: Jeong Ku
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2. Surname : Kim
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2. Surname : Park
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1. Given Name: Kyu Sung
2. Surname : Chung
3. Are you the corresponding author? No
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