

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Joseph T. Gamboa, MD 2. Surname _____
3. Are you the corresponding author? Yes No ___
4. Effective Date 07/04/2017
5. Manuscript Title Graft Retensioning Technique Using an Adjustable-Loop Fixation Device in Arthroscopic Anterior Cruciate Ligament Reconstruction

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

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

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

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

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**

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 ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Edward C. Shin, MD 2. Surname _____
3. Are you the corresponding author? Yes ___ No
4. Effective Date 07/04/2017
5. Manuscript Title Graft Retensioning Technique Using an Adjustable-Loop Fixation Device in Arthroscopic Anterior Cruciate Ligament Reconstruction

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

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

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

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

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**

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 ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Neil P. Pathare, MD 2. Surname _____
3. Are you the corresponding author? Yes ___ No
4. Effective Date 07/04/2017
5. Manuscript Title Graft Retensioning Technique Using an Adjustable-Loop Fixation Device in Arthroscopic Anterior Cruciate Ligament Reconstruction

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

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

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

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

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**

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 ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Patrick J. McGahan, MD 2. Surname _____
3. Are you the corresponding author? Yes ___ No
4. Effective Date 07/04/2017
5. Manuscript Title Graft Retensioning Technique Using an Adjustable-Loop Fixation Device in Arthroscopic Anterior Cruciate Ligament Reconstruction

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

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

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

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

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**

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 ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name James L. Chen, MD, MPH 2. Surname _____
3. Are you the corresponding author? Yes ___ No
4. Effective Date 07/04/2017
5. Manuscript Title Graft Retensioning Technique Using an Adjustable-Loop Fixation Device in Arthroscopic Anterior Cruciate Ligament Reconstruction

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

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

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

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

5. Payment for writing or reviewing the manuscript

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

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

7. Other

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

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___

Arthrex Inc. Medical Education

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

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

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**

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 ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

