

— **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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Krzysztof
2. Surname: Hermanowicz
3. Are you the corresponding author? Yes
4. Effective Date: 15.01.2018
5. Manuscript Title: **Arthroscopic Posterolateral Corner Stabilization with Popliteus Tenodesis**

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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3. Support for travel to meetings for the study or other purposes

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6. Provision of writing assistance, medicines, equipment, or administrative support

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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___

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___

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

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Section 1. Identifying Information

1. Given Name: Adrian
2. Surname: Góralczyk
3. Are you the corresponding author? No
4. Effective Date: 15.01.2018
5. Manuscript Title: **Arthroscopic Posterolateral Corner Stabilization with Popliteus Tenodesis**

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2. Surname: Malinowski
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2. Surname: Jancewicz
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