

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name **Manish S Noticewala** 2. Surname **Noticewala**
3. Are you the corresponding author? **Yes**
4. Effective Date **February 28, 2018**
5. Manuscript Title **Elbow Arthroscopy for Treatment of Valgus Extension Overload**

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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5. Payment for writing or reviewing the manuscript

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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____
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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

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8. Patents (planned, pending or issued)

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11. Stock/stock options

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

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Section 1. Identifying Information

1. Given Name **Danica D Vance** 2. Surname **Vance**
3. Are you the corresponding author? **No**
4. Effective Date **February 28, 2018**
5. Manuscript Title **Elbow Arthroscopy for Treatment of Valgus Extension Overload**

Section 2. The Work Under Consideration for Publication

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1. Given Name **David P Trofa** 2. Surname **Trofa**
3. Are you the corresponding author? **No**
4. Effective Date **February 28, 2018**
5. Manuscript Title **Elbow Arthroscopy for Treatment of Valgus Extension Overload**

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1. Given Name **Christopher S Ahmad** 2. Surname **Ahmad**
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