

Instructions

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 designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Akoto 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Ralph	2. Surname (Last Name) Akoto	3. Date 13-July-2018
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Karl-Heinz Frosch
5. Manuscript Title Anatomical reconstruction of the por	sterolateral corner: an all-artl	nroscopical technique
6. Manuscript Identifying Number (if you	know it)	
Section 2. The Work Under	Consideration for Public	cation
	ing but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financi	al activities outside the s	submitted work.
of compensation) with entities as des	cribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prop	erty Patents & Copyrig	ghts
Do you have any patents, whether pl	anned, pending or issued, br	roadly relevant to the work? Yes V No

Akoto 2



Section 5. Polationships not solvered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Akoto has nothing to disclose.

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Alm 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Lena	rst Name)	2. Surname (Last Name) Alm		3. Date 20-September-2018
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Nam Karl-Heinz Frosch	ne
5. Manuscript Title Anatomical reco		rolateral corner: an all-arth	nroscopical technique	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
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Section 2.	The Work Under C	onsideration for Public	ation	
any aspect of the si statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, con ta monitoring board, study des	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Us port relationships that wer	e one line for each entity; ac	tionships (regardless of amount dd as many lines as you need by onths prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Alm 2



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Drenck 1



Section 1. Identifying	Information	
1. Given Name (First Name) Tobias	2. Surname (Last Name) Drenck	3. Date 12-July-2018
4. Are you the corresponding auth	or? Yes ✓ No	Corresponding Author's Name Karl-Heinz Frosch
5. Manuscript Title Anatomical reconstruction of th	ne posterolateral corner: an all-arth	nroscopical technique
6. Manuscript Identifying Number	(if you know it)	
Section 2. The Work U	nder Consideration for Public	cation
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Do you have any patents, wheth	ner planned, pending or issued, br	roadly relevant to the work? Yes V No

Drenck 2



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patent

1 Frings



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Jannik	rst Name)	2. Surnam Frings	ne (Last Name)		3. Date 11-July-2018	
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Name Karl-Heinz Frosch		
5. Manuscript Title Anatomical reconstruction of the posterolateral corner: an all-arthroscopical technique						
6. Manuscript Ide	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsiderat	ion for Publi	cation		
any aspect of the s statistical analysis,	submitted work (including	but not limi	ited to grants, d		nent, commercial, private foundation, etc.) for study design, manuscript preparation,	
If yes, please fill o		ormation be	elow. If you ha	ve more than one en	tity press the "ADD" button to add a row.	
Name of Institut	,		Personal No	n-Financial Support?	Comments	
Arthrex, Munich, Ger	many			✓		
Section 3.	Relevant financial	activities	outside the	submitted work.		
of compensation clicking the "Add	n) with entities as descrid +" box. You should rep	ibed in the port relation	instructions. Unships that we	se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.	
Are there any rel	evant conflicts of intere	est? Y	es 🗸 No			
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts		
Do you have any	patents, whether plan	ned, pendiı	ng or issued, b	roadly relevant to th	e work? ☐ Yes ✓ No	

Frings 2



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Dr. Frings reports non-financial support from Arthrex, Munich, Germany, during the conduct of the study; .

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Frosch 1



Section 1.	Identifying Inform	ation							
1. Given Name (Fir Karl-Heinz	st Name)	2. Surname (Last Nam Frosch	ne)		3. Date 12-July-2018				
4. Are you the corr	responding author?	g author? ✓ Yes No							
5. Manuscript Title Anatomical recor	e nstruction of the poster	olateral corner: an all	-arthroscopical t	echnique					
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Section 2.									
Section 2.	The Work Under Co	nsideration for Pu	ublication						
any aspect of the su statistical analysis, Are there any rele If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to granstst? Yes 15 rmation below. If you	ts, data monitoring	board, study	, commercial, private foundation, etc.) for y design, manuscript preparation, press the "ADD" button to add a row.				
Name of Instituti	,,		Non-Financial Support?	Other?	Comments				
Arthrex, Munich, Gern	nany		✓						
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of compensation clicking the "Add Are there any rele) with entities as descril	bed in the instruction port relationships that st?	is. Use one line fo	r each entit	relationships (regardless of amount ty; add as many lines as you need by 6 months prior to publication.				
Name of Entity		Grant? Personal Fees?	Non-Financial Support?	Other?	Comments				
Arthrex, Synthes, Stry	ker			Co	onsultancy, Lectures				
Arthrex, Synthes				✓ Ac	dvisory Board				

Frosch 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Frosch reports non-financial support from Arthrex, Munich, Germany, during the conduct of the study; personal fees from Arthrex, Synthes, Stryker, other from Arthrex, Synthes, outside the submitted work; .

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Kolb 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Jan	rst Name)	2. Surname (Last Kolb	Name)	3. Date 12-July-2018		
4. Are you the cor	responding author?	Yes ✓ N	•	Corresponding Author's Name Karl-Heinz Frosch		
5. Manuscript Title Anatomical reconstruction of the posterolateral corner: an all-arthroscopical technique						
6. Manuscript Ide	ntifying Number (if you kr	now it)				
Section 2.	The Work Under C	onsideration fo	r Publication			
any aspect of the s statistical analysis,	submitted work (including	but not limited to			mercial, private foundation, etc.) for gn, manuscript preparation,	
	out the appropriate info	ormation below. I	you have more tha	n one entity press	the "ADD" button to add a row.	
Name of Institut	,	Grant? Perso		Other? Comn	nents	
Arthrex, Munich, Ger	many		✓			
Section 3.	Relevant financial	activities outsi	de the submitted	work.		
of compensation clicking the "Add	n) with entities as descrid +" box. You should rep	ibed in the instructionships	tions. Use one line f that were present c	for each entity; add	onships (regardless of amount d as many lines as you need by nths prior to publication.	
Are there any rel	evant conflicts of intere	est? Yes	√ No			
Section 4.	Intellectual Proper	ty Patents &	Copyrights			
Do you have any	patents, whether plan	ned, pending or i	sued, broadly relev	ant to the work?	Yes 🗸 No	

Kolb 2



Section 5. Polotionskips not sovered above
Relationships not covered above
Are there 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Kolb reports non-financial support from Arthrex, Munich, Germany, during the conduct of the study; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Instructions

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 designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

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"

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Krause 1



Section 1. Identifying Inform	mation	
Given Name (First Name) Matthias	2. Surname (Last Name) Krause	3. Date 12-July-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Karl-Heinz Frosch
5. Manuscript Title Anatomical reconstruction of the post	erolateral corner: an all-arti	hroscopical technique
6. Manuscript Identifying Number (if you k	know it)	
Section 2. The Work Under C	Consideration for Public	cation
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No		
Section 3. Relevant financia	l activities outside the s	submitted work.
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo		
Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes No

Krause 2



Section 5.		
Section 5.	Relationships not covered above	
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?	
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):	
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest	
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Section 6.	Disclosure Statement	
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Krause has no	othing to disclose.	

Evaluation and Feedback

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