

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

ADRIAN

2. Surname (Last Name)

BOSENBERG

3. Date

09-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Erica Holland and Greg Schmale

5. Manuscript Title

Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients

6. Manuscript Identifying Number (if you know it)

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Dr. BOSENBERG has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel
 2. Surname (Last Name) Low
 3. Date 10-September-2019

4. Are you the corresponding author? Yes No
 Corresponding Author's Name _____

5. Manuscript Title
 Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MDmetrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I AM THE CMO OF MDMETRIX

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Low reports other from MDmetrix, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Viviana

2. Surname (Last Name)
Bompadre

3. Date
06-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients

6. Manuscript Identifying Number (if you know it)

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Dr. Bompadre has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Erica
2. Surname (Last Name)
Holland
3. Date
07-September-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
Gregory Schmale
5. Manuscript Title
Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients
6. Manuscript Identifying Number (if you know it)

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Dr. Holland has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gregory

2. Surname (Last Name)

Schmale

3. Date

05-September-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients

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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robin

2. Surname (Last Name)
Robbins

3. Date
23-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gregory A. Schmale

5. Manuscript Title
Comparison of Continuous Adductor Canal and Femoral Nerve Blocks for Analgesia and Return of Quadriceps Function after Anterior Cruciate Ligament Reconstruction in Adolescent Patients

6. Manuscript Identifying Number (if you know it)
ARTH-19-1133

Section 2. The Work Under Consideration for Publication

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

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Section 5. 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?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Robbins has nothing to disclose.

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