

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Evan

2. Surname (Last Name)
Conte

3. Date
01-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Michael Yayac

5. Manuscript Title
Treatment Outcomes of Meniscal Root Tears: A Systematic Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Conte has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Hornstein

3. Date

01-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Michael Yayac

5. Manuscript Title

Treatment Outcomes of Meniscal Root Tears: A Systematic Review

6. Manuscript Identifying Number (if you know it)

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Dr. Hornstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jonah	2. Surname (Last Name) Stein	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Yayac
5. Manuscript Title Treatment Outcomes of Meniscal Root Tears: A Systematic Review		
6. Manuscript Identifying Number (if you know it)		

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Michael

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Yayac

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01-May-2019

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