

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gonzalo 2. Surname (Last Name) Samitier 3. Date 25-March-2020

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

5. Manuscript Title
All-Arthroscopic Meniscal Allograft Transplantation Technique with Bone Plugs and Preloaded Sutures

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Paid consultant for Smith and Nephew.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Gustavo

2. Surname (Last Name)
Vinagre

3. Date
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4. Are you the corresponding author? Yes No

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Eduard

2. Surname (Last Name)
Alentorn-Geli

3. Date
25-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gustavo Vinagre

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1. Given Name (First Name) Maria	2. Surname (Last Name) Sava	3. Date 25-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Gustavo Vinagre
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