

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Lincoln	3. Date 09-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wiemi Douoguih
5. Manuscript Title Anterior Cruciate Ligament Repair with Suture Augmentation for Proximal Avulsion Injuries		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### 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. Lincoln has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Blake

2. Surname (Last Name)  
Bodendorfer

3. Date  
09-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Wiemi Douoguih

5. Manuscript Title

Anterior Cruciate Ligament Repair with Suture Augmentation for Proximal Avulsion Injuries

6. Manuscript Identifying Number (if you know it)

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Dr. Bodendorfer has nothing to disclose.

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1. Given Name (First Name) Ralph	2. Surname (Last Name) Zade	3. Date 09-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wiemi Douoguih
5. Manuscript Title Anterior Cruciate Ligament Repair with Suture Augmentation for Proximal Avulsion Injuries		
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### Section 1. Identifying Information

1. Given Name (First Name)  
Wiemi

2. Surname (Last Name)  
Douguih

3. Date  
08-September-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Anterior Cruciate Ligament Repair with Suture Augmentation for Clinical Instability and Proximal Avulsion Injuries

6. Manuscript Identifying Number (if you know it)

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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
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant

### Section 3. Relevant financial activities outside the submitted work.

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ultimaxx Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ownership stake 1.5%

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Dr. Douoguih reports other from Arthrex, during the conduct of the study; other from Ultimaxx Health, outside the submitted work; .

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1. Given Name (First Name)

Yalda

2. Surname (Last Name)

Siddiqui

3. Date

09-March-2020

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Yes  No

Corresponding Author's Name

Wiemi Douoguih

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Dr. Siddiqui has nothing to disclose.

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