

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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4. Intellectual Property.

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

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Pending: The patent has been filed but not issued

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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)

Alexandra

2. Surname (Last Name)

Biggs

3. Date

12-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Duncan Tennent

5. Manuscript Title

Procedure specific arthroscopic simulation using 3D printing.

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

ADD

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Are there any relevant conflicts of interest?

Yes

No

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Yes

No

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Generate Disclosure Statement

Dr. Biggs 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) Magnus | 2. Surname (Last Name) Arnander | 3. Date 12-July-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Tennent, Duncan | |
| 5. Manuscript Title Procedure specific arthroscopic simulation using 3D printing. | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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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Are there any relevant conflicts of interest? Yes No

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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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Section 6. Disclosure Statement

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Dr. Arnander has nothing to disclose.

Evaluation and Feedback

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5. Manuscript Title

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.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------------|---|
| Arthrex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Financial support to fund a fellow | X |

ADD

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. PEARSE reports other from Arthrex, outside the submitted work; .

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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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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 | |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------------------------|---|
| Arthrex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fees for speaking | X |
| Arthrex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Funding to support a fellow | X |

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments | |
|--------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|-----------|----------|----------|
| ACJ Tigtrope | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Arthrex | | X ADD |

Section 5. Relationships not covered above

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Dr. Tennent reports personal fees from Arthrex, other from Arthrex, outside the submitted work; In addition, Dr. Tennent has a patent ACJ Tigtrope with royalties paid to Arthrex.

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| | | |
|---|---|-----------------------------|
| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
| James | Tyler | 12-July-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name |
| | | Duncan Tennent |
| 5. Manuscript Title | Procedure specific arthroscopic simulation using 3D printing. | |
| 6. Manuscript Identifying Number (if you know it) | | |

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