

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Julio

2. Surname (Last Name)

Gali

3. Date

17-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Capsulo-osseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach

6. Manuscript Identifying Number (if you know it)

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Dr. Gali has nothing to disclose.

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1. Given Name (First Name)

Julio

2. Surname (Last Name)

Gali Filho

3. Date

17-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Julio Cesar Gali

5. Manuscript Title

Capsulo-osseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach

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Dr. Gali Filho has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Marcos

2. Surname (Last Name)

Marques

3. Date

17-July-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Julio Cesar Gali

5. Manuscript Title

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1. Given Name (First Name)
Tyago

2. Surname (Last Name)
Almeida

3. Date
17-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Julio Cesar Gali

5. Manuscript Title

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Phelipe

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da Silva

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Yes No

Corresponding Author's Name

Julio Cesar Gali

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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) Robert	2. Surname (Last Name) LaPrade	3. Date 17-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Julio Cesar Gali
5. Manuscript Title Capsulo-osseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach		
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.)?

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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. LaPrade reports grants and personal fees from Arthrex, from International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine, from Knee Surgery, Sports Traumatology, Arthroscopy, grants and personal fees from Ossur, grants and personal fees from Smith & Nephew, from null, outside the submitted work; .

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