

## 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.

#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

**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) Aaron      2. Surname (Last Name) Krych      3. Date 16-March-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Hamstring Autograft Anterior Cruciate Ligament Reconstruction with and without Independent Suture Tape Reinforcement: A Matched Cohort Comparison

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 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Aesculap/B.Braun	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
American Journal of Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Arthrex, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, travel/lodging, paid speaker
Arthritis foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Ceterix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Histogenics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
International Cartilage Repair Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee member

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
International society of Arthroscopy, Knee surgery, and orthopaedic sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member
Minnesota Orthopedic society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee member
Musculoskeletal Transplant Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or committee member, paid speaker, paid consultant, travel/lodging
Vericel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
DePuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
JRF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Exactech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Gemini Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Krych reports grants from Aesculap/B.Braun, other from American Journal of Sports Medicine, personal fees and other from Arthrex, Inc, grants from Arthritis foundation, grants from Ceterix, grants from Histogenics, other from International Cartilage Repair Society, other from International society of Arthroscopy, Knee surgery, and orthopaedic sports medicine, other from Minnesota Orthopedic society, personal fees and other from Musculoskeletal Transplant Foundation, personal fees from Vericel, personal fees from DePuy, personal fees from JRF, grants from Exactech, grants from Gemini Medical, outside the submitted work; .

### 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) Bruce	2. Surname (Last Name) Levy	3. Date 16-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Aaron J. Krych, MD
5. Manuscript Title Hamstring Autograft Anterior Cruciate Ligament Reconstruction with and without Independent Suture Tape Reinforcement: A Matched Cohort Comparison		
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

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

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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, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	paid consultant, IP royalties
Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Clinical Orthopaedics and Related Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Journal of Knee Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Knee Surgery, Sports Traumatology, Arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Orthopedics Today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant; Research support

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support
Linvatec	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	compensation for speaking

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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Dr. Levy reports other from Arthrex, Inc, non-financial support from Biomet, other from Clinical Orthopaedics and Related Research, other from Journal of Knee Surgery, other from Knee Surgery, Sports Traumatology, Arthroscopy, other from Orthopedics Today, non-financial support and other from Smith & Nephew, other from Stryker, personal fees from Linvatec, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Camp	3. Date 16-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aaron J. Krych, MD
5. Manuscript Title Hamstring Autograft Anterior Cruciate Ligament Reconstruction with and without Independent Suture Tape Reinforcement: A Matched Cohort Comparison		
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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

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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 checked="" type="checkbox"/>	<input type="checkbox"/>	Hospitality payments, educational support
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hospitality payments

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Camp reports personal fees and non-financial support from Arthrex, non-financial support from Zimmer Biomet, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniel

2. Surname (Last Name) Saris

3. Date 16-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Aaron J. Krych, MD

5. Manuscript Title  
Hamstring Autograft Anterior Cruciate Ligament Reconstruction with and without Independent Suture Tape Reinforcement: A Matched Cohort Comparison

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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
Cartilage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
JRF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research support
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	paid consultant

### 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. Saris reports other from Cartilage, grants from JRF, personal fees and non-financial support from Smith & Nephew.

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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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**Other:** Anything not covered under the previous three boxes

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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) Michael

2. Surname (Last Name) Stuart

3. Date 16-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Aaron J. Krych, MD

5. Manuscript Title  
Hamstring Autograft Anterior Cruciate Ligament Reconstruction with and without Independent Suture Tape Reinforcement: A Matched Cohort Comparison

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Journal of Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Arthrex, Inc:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IP royalties; Paid consultant; Research support
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support

### 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. Stuart reports other from Americal Journal of Sports Medicine, grants, personal fees and non-financial support from Arthrex, Inc: , grants from Stryker, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chad

2. Surname (Last Name)  
Parkes

3. Date  
16-March-2020

4. Are you the corresponding author?

Yes  No

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Aaron J. Krych, MD

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Dr. Parkes has nothing to disclose.

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Devin

2. Surname (Last Name)  
Leland

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16-March-2020

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Yes  No

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