



ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Saithna has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Giorgio
2. Surname (Last Name)
Bruni
3. Date
09-December-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
Daggett
5. Manuscript Title
Percutaneous Anterior Cruciate Ligament Repair with Needle Arthroscopy and Biologic Augmentation
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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)
Matthew
2. Surname (Last Name)
Daggett
3. Date
09-December-2019
4. Are you the corresponding author? Yes No
5. Manuscript Title
Percutaneous Anterior Cruciate Ligament Repair with Needle Arthroscopy and Biologic Augmentation
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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 type="checkbox"/>	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. Daggett is a consultant for Arthrex

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1. Given Name (First Name)

Kyle

2. Surname (Last Name)

Busch

3. Date

09-December-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Daggett

5. Manuscript Title

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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**.

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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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Section 1. Identifying Information

1. Given Name (First Name)
Andrea

2. Surname (Last Name)
Ferretti

3. Date
09-December-2019

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

5. Manuscript Title
Percutaneous Anterior Cruciate Ligament Repair with Needle Arthroscopy and Biologic Augmentation

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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Dr. Monaco has nothing to disclose.

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