



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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) José Leonardo	2. Surname (Last Name) Rocha de Faria	3. Date 09-November-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title POSTERIOR ROOT REPAIR OF MEDIAL MENISCUS COMBINED WITH VALGUS TIBIAL OPENING OSTEOTOMY		
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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Dr. Rocha de Faria has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Douglas Mello	2. Surname (Last Name) Pavão	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name <input type="text"/>
5. Manuscript Title POSTERIOR ROOT REPAIR OF MEDIAL MENISCUS COMBINED WITH VALGUS TIBIAL OPENING OSTEOTOMY		
6. Manuscript Identifying Number (if you know it) <input type="text"/>		

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Dr. Pavão has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marcos de Castro	2. Surname (Last Name) Moreirão	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name <input type="text"/>
5. Manuscript Title POSTERIOR ROOT REPAIR OF MEDIAL MENISCUS COMBINED WITH VALGUS TIBIAL OPENING OSTEOTOMY		
6. Manuscript Identifying Number (if you know it) <input type="text"/>		

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Are there any relevant conflicts of interest? Yes No

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Dr. Moreirão has nothing to disclose.

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1. Given Name (First Name) Victor Elias	2. Surname (Last Name) Titonelli	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name <input type="text"/>
5. Manuscript Title POSTERIOR ROOT REPAIR OF MEDIAL MENISCUS COMBINED WITH VALGUS TIBIAL OPENING OSTEOTOMY		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name <input type="text"/>
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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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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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Are there any relevant conflicts of interest? Yes No

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