Instructions

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patent

Camp 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Christopher	Surname (Last Name) Camp	3. Date 16-August-2021
4. Are you the corresponding author?	☐Yes ✓ No	Corresponding Author's Name Dr. Yining Lu
5. Manuscript Title Development of a Machine Learning Mo Medial Patellofemoral Ligament Reco		sk of Unplanned Overnight Stay Following Outpatient
6. Manuscript Identifying Number (if you kn	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
		a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est?	ADD
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
		ADD
Section 4. Intellectual Propert	ty Patents & Copyrig	hts
Do you have any patents, whether plant		

Camp 2



Section F
Section 5. Relationships not covered above
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Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Generate Disclosure Statement
Dr. Camp has nothing to disclose.

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Camp 3



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Forsythe 1



Section 1. Identifying Inform						
Identifying Inform Given Name (First Name) Brian		ne (Last Name)			3. Date 16-August-2021	
Are you the corresponding author?	Yes	✓No	Correspondor Vining	_		
5. Manuscript Title Development of a Machine Learning M Medial Patellofemoral Ligament Reco					rnight Stay Following Outpatient	
6. Manuscript Identifying Number (if you kr						
Section 2. The Work Under C		! (D -				
The Work Olider C				(ant communical minute formulation	ata) fau
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?						etc.) for
Are there any relevant conflicts of interest	est?	res ✓ No				
						ADD
Section 3. Polovent financial						
Relevant financial	activities	outside the	submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should rep	ibed in the	instructions. U	lse one line fo	r each ei	ntity; add as many lines as you ne	eed by
Are there any relevant conflicts of interes		res No		9	рине на прине на прин	-
If yes, please fill out the appropriate info	ormation b	elow.				
Name of Entity	Grant?	Personal No	on-Financial	Other	Comments	
		Fees?	Support?	Other		
Arthrex	✓				Research	×
Elsevier	✓			1	Publishing royalties	×
Jace Medical				1	Stock options	×
Smith & Nephew					Research	×
Stryker Corporation		1			Paid consultant, research	×
Medwest Associates					Education	×
DePuy Synthes Sales Inc.					Food and beverage	×
				✓		ADD

Forsythe 2



Continu 4
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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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. Forsythe reports grants from Arthrex, grants and other from Elsevier, other from Jace Medical , grants from Smith & Nephew, personal fees and other from Stryker Corporation, other from Medwest Associates, other from DePuy Synthes Sales Inc., outside the submitted work; .

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patent



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Given Name (First Name) Aaron	2. Surname Krych	(Last Name)			3. Date 16-August-2021	
4. Are you the corresponding author?	Yes	✓No	Correspond Dr. Yining	-	or's Name	
5. Manuscript Title Development of a Machine Learning Mo Medial Patellofemoral Ligament Reco		oly Predict R	sk of Unplan	ned Ove	rnight Stay Following Outpatient	
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	onsideratio	n for Publi	cation			
Did you or your institution at any time receivany aspect of the submitted work (including						c.) for
statistical analysis, etc.)? Are there any relevant conflicts of intere	st? TYes	s 🗾 No				
The there arry relevant commete or intere	51:	y				ADD
Section 3. Relevant financial	activities o	utside the	submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descriclicking the "Add +" box. You should rep	in the table to bed in the ins	o indicate wh structions. Us	ether you ha	ve finand r each ei	ntity; add as many lines as you nee	
Are there any relevant conflicts of intere						
If yes, please fill out the appropriate info	rmation belo	ow.				
Name of Entity	Grant? Pe	ersonal No Fees?	n-Financial Support	Other	Comments	
Aesculap/B.Braun	1				Research Support	×
American Journal of Sports Medicine				1	Editorial of governing board	×
Arthrex		√		4	Paid consultant, paid speaker	×
Arthritis Foundation	<u></u>				Research	×
Ceterix					Research	×
Histogenics					Research	×
International Cartilage Repair Society	1 🗂				Board committee member	×



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Minnesota Orthopedic Society				✓	Board Member	×
Musculoskeletal Transplant Foundation		✓		✓	Board member, paid speaker, paid consultant	×
Vericel		_			Paid Consultant	×
DePuy		~			Paid Consultant	×
JRF					Paid Consultant	×
Exatech		7			Research	×
Gemini Medical	/				Research	×
Responsive Arthroscopy	<u></u> ✓				Paid Consultant	×
		✓				×
						ADD
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On occasion, journals may ask authors to disclose further information about reported relationships.



Section 6.

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

Generate Disclosure Statement

Dr. Krych reports grants from Aesculap/B.Braun, other from American Journal of Sports Medicine, personal fees and other from Arthrex, 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 Orthopedic 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 Exatech, grants from Gemini Medical, personal fees from Responsive Arthroscopy, outside the submitted work;

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Lu 1





Section 1. Identifying Inform	nation	
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4. Are you the corresponding author?	✓ Yes No	
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Section 4. Intellectual Property		
Intellectual Propert	y Patents & Copyrights	
Do you have any patents, whether plant	ned, pending or issued, broadly relevant to the wor	k?

Lu 2



Continu E	
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Pareek 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Ayoosh	rst Name)	2. Surname Pareek	e (Last Name)		3. Date 16-August-2021	
4. Are you the cor	responding author?	Yes	✓No	Corresponding Author Dr. Yining Lu	or's Name	
			ably Predict Ri	sk of Unplanned Ove	rnight Stay Following Outpatient	
6. Manuscript Ide	ntifying Number (if you ki	now it)				
				_		
Section 2.	The Work Under C	Consideratio	on for Public	eation		
	stitution at any time rece	ive payment o	or services from	a third party (governme	ent, commercial, private foundation,	etc.) for
statistical analysis	s, etc.)?		_	ta monitoring board, stu	ıdy design, manuscript preparation,	
Are there any re	levant conflicts of inter	est?	es 🗸 No			ADD
Section 3.	Relevant financial	activities	outside the	submitted work.		
					cial relationships (regardless of a ntity; add as many lines as you ne	
clicking the "Add	+" box. You should re	port relations	ships that wer		e 36 months prior to publication	
	evant conflicts of intereduced out the appropriate inf					
3	11 1					
Name of Entity		Grant?	Personal No Fees?	n-Financial Other?	Comments	
Stryker Corporation				✓	Hospitality Payments	×
						ADD
Section 4.	Intellectual Proper	tv Patent	ts & Convrid	ihte		
					week? Wee Wee	
טס you nave any	patents, whether plan	inea, penain	g or issuea, bi	oadly relevant to the	work? ☐Yes ✓ No	

Pareek 2



Cootion E	
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of noing, what you wrote in the submitted work?
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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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

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.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Wilbur 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ryan	Surname (Last Name) Wilbur	3. Date 16-August-2021
4. Are you the corresponding author?	Yes _ ✓No	Corresponding Author's Name Dr. Yining Lu
Medial Patellofemoral Ligament Reco	nstruction	sk of Unplanned Overnight Stay Following Outpatient
Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co		
The Work Under Co	onsideration for Public	ation
		a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est?	
		ADD
Section 3. Relevant financial	activities outside the s	submitted work
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of compensation) with entities as descri	bed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Are there any relevant conflicts of interest	t?	
		ADD
0.00		
Section 4. Intellectual Propert	y Patents & Copyric	phts
Do you have any patents, whether planr		

Wilbur 2



Section 5.	
Section 3.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Wilbur has no	othing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Wilbur 3

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Intellectual Property.

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Ezuma 1





Section 1. Identifying Inform	nation		
Given Name (First Name) Chimere	2. Surname (Last Name) Ezuma	3. Date 16-August-2021	
4. Are you the corresponding author?	Yes _ ✓ No	Corresponding Author's Name Yining Lu	
Medial Patellofemoral Ligament Reco	nstruction	sk of Unplanned Overnight Stay Following Outpatient	
Manuscript Identifying Number (if you kn	ow it)	_	
Section 2. The Work Under Co			
The Work Under Co	onsideration for Public	ation	
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 intere	est? Yes No	ADD	
		ADD	
Section 3. Relevant financial			
Relevant financial	activities outside the s	ubmitted 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			
Are there any relevant conflicts of interest	? Yes No	ADD	
Section 4. Intellectual Propert	y Patents & Copyrig	ıhts	
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes No	

Ezuma 2



Continu F		
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 relation	onships/conditions/circumstances that present a potential conflict of interest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.		
Section 6.	Disclosure Statement	
	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Generate Disclo	osure Statement	
Dr. Ezuma has not	hing to disclose.	

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Ezuma 3