

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Beck

3. Date

21-January-2022

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Comprehensive Arthroscopic Characterization of Discoid Meniscus Tears and Instability Using the New PRISM Discoid Meniscus Classification

6. Manuscript Identifying Number (if you know it)

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Dr. Beck has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Brian

2. Surname (Last Name)

Haus

3. Date

21-January-2022

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Jennifer Beck

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Jay	2. Surname (Last Name) Lee	3. Date 21-January-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jennifer Beck
5. Manuscript Title Comprehensive Arthroscopic Characterization of Discoid Meniscus Tears and Instability Using the New PRISM Discoid Meniscus Classification		
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John

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Schlechter

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21-January-2022

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Jennifer Beck

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Greg

2. Surname (Last Name)

Schmale

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21-January-2022

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 Yes No

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