



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
 Hannah Bradsell 03-May-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Rachel M. Frank

5. Manuscript Title
 In-Office Diagnostic Needle Arthroscopy Using the NanoScope™ Arthroscopy System

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

ADD

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

ADD

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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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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Section 6. Disclosure Statement

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Ms. Bradsell has nothing to disclose.

Evaluation and Feedback

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Dr. Lencioni has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Kevin | 2. Surname (Last Name) Shinsako | 3. Date 03-May-2022 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Rachel M. Frank |
| 5. Manuscript Title In-Office Diagnostic Needle Arthroscopy Using the NanoScope™ Arthroscopy System | | |
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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 checked="" type="checkbox"/> | <input type="checkbox"/> | | X |
| Elsevier | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Publishing royalties | X |
| ADD | | | | | | |

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AAOS: Board or committee member
American Orthopaedic Society for Sports Medicine: Board or committee member
Arthroscopy Association of North America: Board or committee member
International Cartilage Restoration Society: Board or committee member
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