

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Matthew

2. Surname (Last Name)

Rohde

3. Date

09-March-2022

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anshal Gupta

5. Manuscript Title

Lateral Knee Compartment Biomechanical Forces Following Posterior Root Tear and Transosseous Suture Repair in Pediatric Cadavers

6. Manuscript Identifying Number (if you know it)

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Mr. Rohde 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)

Mark

2. Surname (Last Name)

Sanchez

3. Date

09-March-2022

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anshal Gupta

5. Manuscript Title

Biomechanical Forces of the Lateral Knee Joint Following Complete Meniscectomy and Subsequent Meniscal Transplant in Pediatric Cadavers

6. Manuscript Identifying Number (if you know it)

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M. Sanchez 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)

Anshal

2. Surname (Last Name)

Gupta

3. Date

06-March-2022

4. Are you the corresponding author?

 Yes No

5. Manuscript Title

Lateral Knee Compartment Biomechanical Forces Following Posterior Root Tear and Transosseous Suture Repair in Pediatric Cadavers

6. Manuscript Identifying Number (if you know it)

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Dr. Gupta 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)

Hunter

2. Surname (Last Name)

Storaci

3. Date

10-March-2022

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Anshal Gupta

5. Manuscript Title

Lateral Knee Compartment Biomechanical Forces Following Posterior Root Tear and Transosseous Suture Repair in Pediatric Cadavers

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kevin

2. Surname (Last Name)

Shea

3. Date

09-March-2022

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 Yes No

Corresponding Author's Name

Anshal Gupta

5. Manuscript Title

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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

5. Manuscript Title

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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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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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
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| Active Implants | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | X |
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| Lifenet | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | X |
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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments | |
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| Allosource | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Advisory Board Member | X |
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| | | | | | | ADD |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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- No other relationships/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

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

Generate Disclosure Statement

Dr. Sherman reports personal fees from Active Implants, personal fees from Arthrex, personal fees from Dupuy, personal fees from Flexion, personal fees from JRF, personal fees from Kinamed, personal fees from Lifenet, personal fees from NewClip, personal fees from Smith & Nephew, other from Allosource, other from Bioventus, other from Sarcio, other from Sparta Medical, other from Vericel, other from Vivorte, outside the submitted work; .

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