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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Joseph
2. Surname (Last Name)  Gil
3. Date  18-August-2016
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Gregory Waryasz MD
5. Manuscript Title  Anterior Cruciate Ligament Repair and Biologic Innovations
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Gil has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Gregory

2. Surname (Last Name)  
Waryasz

3. Date  
18-August-2016

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Anterior Cruciate Ligament Repair and Biologic Innovations

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Waryasz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Stephen
2. Surname (Last Name)  Marcaccio
3. Date  18-August-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Gregory Waryasz MD
5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
   Brett

2. Surname (Last Name)  
   Owens

3. Date  
   18-August-2016

4. Are you the corresponding author?  
   Yes ☒ No

   Corresponding Author’s Name  
   Gregory Waryasz MD

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If yes, please fill out the appropriate information below.

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Dr. Owens is a consultant for Mitek, MTF, and Conmed.

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1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Fadale

3. Date  
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4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name

Gregory Waryasz MD

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