

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Geoffrey

2. Surname (Last Name)
Bernas

3. Date
27-June-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Leslie J. Bisson, MD

5. Manuscript Title
Patient outcomes after debridement of chondral lesions during partial meniscectomy: The Chondral Lesions and Meniscus Procedures (ChAMP) Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Bernas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Marc

2. Surname (Last Name)
Fineberg

3. Date
09-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Leslie Bisson, MD

5. Manuscript Title

Patient outcomes after debridement of chondral lesions during partial meniscectomy: The Chondral Lesions and Meniscus Procedures (ChAMP) Randomized Controlled Trial

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Dr. Fineberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Melissa

2. Surname (Last Name)
Kluczynski

3. Date
28-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Leslie Bisson, MD

5. Manuscript Title

Patient outcomes after debridement of chondral lesions during partial meniscectomy: The Chondral Lesions and Meniscus Procedures (ChAMP) Randomized Controlled Trial

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Ms. Kluczynski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Marzo

3. Date
27-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Leslie Bisson, MD

5. Manuscript Title

Patient outcomes after debridement of chondral lesions during partial meniscectomy: The Chondral Lesions and Meniscus Procedures (ChAMP) Randomized Controlled Trial

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Michael

2. Surname (Last Name)
Rauh

3. Date
27-June-2016

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Yes No

Corresponding Author's Name
Leslie Bisson, MD

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
William

2. Surname (Last Name)
Wind

3. Date
27-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Leslie Bisson, MD

5. Manuscript Title

Patient outcomes after debridement of chondral lesions during partial meniscectomy: The Chondral Lesions and Meniscus Procedures (ChAMP) Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Wind has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jiwei

2. Surname (Last Name)

Zhao

3. Date

27-June-2016

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Yes No

Corresponding Author's Name

Leslie Bisson, MD

5. Manuscript Title

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Zehua

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Zhou

3. Date

27-June-2016

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Corresponding Author's Name

Leslie Bisson, MD

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Leslie

2. Surname (Last Name)
Bisson

3. Date
09-June-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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| Ralph C. Wilson, Jr. Foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | award |

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Dr. Bisson reports an award from the Ralph C. Wilson, Jr. Foundation during the conduct of the study.

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