ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Aristides
2. Surname (Last Name)  Cruz
3. Date  07-October-2015
4. Are you the corresponding author?  Yes ✔ No
5. Manuscript Title  Change in Size of Hamstring Grafts During Preparation for ACL reconstruction: The Effect of Tension and Circumferential Compression on Graft Diameter.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Fabricant

3. Date  
   30-June-2015

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Change in Size of Hamstring Grafts During Preparation for ACL reconstruction: The Effect of Tension and Circumferential Compression on Graft Diameter.

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Section 1. Identifying Information

1. Given Name (First Name) 
   Theodore

2. Surname (Last Name) 
   Ganley

3. Date 
   07-October-2015

4. Are you the corresponding author? 
   Yes ☒ No

   Corresponding Author’s Name 
   Aristides Cruz, Jr. MD

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If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Medical education grant paid to institution</td>
</tr>
</tbody>
</table>

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   J. Todd

2. Surname (Last Name)  
   Lawrence

3. Date  
   07-October-2015

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   [ ] Yes  ✔ No

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   Aristides Cruz, Jr. MD

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   Mark

2. Surname (Last Name)  
   Seeley

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   07-October-2015

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