ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Tanksley Jr

3. Date  
   01-January-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   "What's New in Sports Medicine"

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-14-01314

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.)?  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Tanksley Jr 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)  
   Brian

2. Surname (Last Name)  
   Werner

3. Date  
   02-January-2015

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Mark D. Miller, MD

5. Manuscript Title  
   What's New in Sports Medicine

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-14-01314

Section 2. The Work Under Consideration for Publication

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Dr. Werner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Miller

3. Date  
   23-January-2015

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

5. Manuscript Title  
   What's New in Sports Medicine

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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   ✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td>✔</td>
<td>☐</td>
<td>no compensation</td>
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</tbody>
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Dr. Miller reports other from JBJS Deputy Editor, other from Elsevier Royalties, non-financial support from Miller Review Course Director, outside the submitted work.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   MaCalus

2. **Surname (Last Name)**
   Hogan

3. **Date**
   26-January-2015

4. **Are you the corresponding author?**
   - Yes
   - No

   **Corresponding Author's Name**
   Mark D. Miller, MD

5. **Manuscript Title**
   What's New In Sports Medicine

6. **Manuscript Identifying Number (if you know it)**

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Dr. Hogan has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Richard

2. Surname (Last Name)  
   Ma

3. Date  
   12-January-2015

4. Are you the corresponding author?  
   Yes ❌  No ✔

Corresponding Author’s Name

John Tanksley, MD

5. Manuscript Title  
   What's New in Sports Medicine

6. Manuscript Identifying Number (if you know it)

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## Section 4. Intellectual Property -- Patents & Copyrights

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