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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)    James
2. Surname (Last Name)        Wylie
3. Date                       21-December-2013
4. Are you the corresponding author? [ ] Yes [ ] No
5. Manuscript Title
   Physician Provider Type influences Utilization and Diagnostic Utility of Magnetic Resonance Imaging of the Knee
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Wylie 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)  Julia
2. Surname (Last Name)  Crim
3. Date  23-December-2013
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  James Wylie
5. Manuscript Title
   Physician Provider Type influences Utilization and Diagnostic Utility of Magnetic Resonance Imaging of the Knee
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  ✔
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Section 6. Disclosure Statement

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

Dr. Crim has nothing to disclose.

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Burks
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Robert
2. Surname (Last Name)  
   Burks
3. Date  
   23-December-2013
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No
   Corresponding Author’s Name  
   James Wylie

5. Manuscript Title  
   Physician Provider Type influences Utilization and Diagnostic Utility of Magnetic Resonance Imaging of the Knee

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**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

---

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>[x]</td>
<td></td>
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Burks
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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Burks reports personal fees from Arthrex, personal fees from Mitek, grants from Depuy, other from Arthroscopy Association of N. America, outside the submitted work; .

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<th>3. Date</th>
</tr>
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<td>Working</td>
<td>31-December-2013</td>
</tr>
</tbody>
</table>

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

   Corresponding Author’s Name  
   James D. Wylie

5. Manuscript Title  
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Dr. Working 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) | Robert |
| 2. Surname (Last Name)     | Schmidt |
| 3. Date                    | 25-December-2013 |
| 4. Are you the corresponding author? | ☐ Yes ☑ No |
| Corresponding Author’s Name | Dr. James Wylie |
| 5. Manuscript Title        | Physician Provider Type influences Utilization and Diagnostic Utility of Magnetic Resonance Imaging of the Knee |
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**Section 2. The Work Under Consideration for Publication**

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