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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Royalties: Funds are coming in to you or your institution due to your patent

Levy
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Bruce

2. Surname (Last Name)  
Levy

3. Date  
06-December-2016

4. Are you the corresponding author?  
Yes [ ] No [x]

Corresponding Author’s Name  
Bruce A. Levy, MD

5. Manuscript Title  
Does Vascular Injury in the Multi-Ligament Injured / Dislocated Knee Affect Functional Outcome? A Matched Cohort Analysis

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 [x]

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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[ ] Yes [x] No [ ]

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>❏</td>
<td>❏</td>
<td>✓</td>
<td>IP Royalties</td>
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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?  
No ☑ Yes ❏

**Section 5. Relationships not covered above**

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Dr. Levy reports grants and personal fees from Arthrex, other from ISAKOS Representative, other from AANA, grants from Biomet, other from CORR, other from Journal of Knee Surgery, other from Knee Surgery, Sports Traumatology, Arthroscopy, grants and other from Styker, other from VOT solutions, outside the submitted work; .
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Nick

2. Surname (Last Name)  
   Johnson

3. Date  
   06-April-2016

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Bruce A. Levy, MD

5. Manuscript Title  
Does Vascular Injury in the Multi-Ligament Injured / Dislocated Knee Affect Functional Outcome? A Matched Cohort Analysis

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Yes  ✔  No

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Dr. Johnson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Aaron
2. Surname (Last Name)  Krych
3. Date  28-July-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Does Vascular Injury in the Multi-Ligament Injured / Dislocated Knee Affect Functional Outcome? A Matched Cohort Analysis
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Dr. Krych reports personal fees from Arthrex, Inc, personal fees from Arthritis Foundation, personal fees from Histogenics, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nathan

2. Surname (Last Name)  
   Levy

3. Date  
   06-December-2016

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Bruce A. Levy, MD

5. Manuscript Title  
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Cole</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-December-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Bruce A. Levy, MD</td>
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5. Manuscript Title

Does Vascular Injury in the Multi-Ligament Injured / Dislocated Knee Affect Functional Outcome? A Matched Cohort Analysis

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 ☑

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  Yes ☐  No ☑

## 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. Cole has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Royalties: Funds are coming in to you or your institution due to your patent.
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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Stuart
3. Date 06-December-2016
4. Are you the corresponding author? No
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name
Bruce A. Levy, MD

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Sanders

3. Date  
   06-December-2016

4. Are you the corresponding author?  
   Yes [ ]  No [x]

   Corresponding Author’s Name  
   Bruce A. Levy, MD

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