ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   McCarty

3. Date  
   26-March-2017

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author's Name  
   Jonathan Bravman

5. Manuscript Title  
   Current Concepts of Revision Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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Dr. McCarty has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
K. Linnea

2. Surname (Last Name)  
Welton

3. Date  
26-March-2017

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Jonathan Bravman

5. Manuscript Title  
Current Concepts of Revision Anterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Welton has nothing to disclose.

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1. Given Name (First Name)
   Jonathan

2. Surname (Last Name)
   Bravman

3. Date
   26-March-2017

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

5. Manuscript Title
   Current Concepts of Revision Anterior Cruciate Ligament Reconstruction

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Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  Kraeutler
3. Date  26-March-2017

4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Jonathan Bravman

5. Manuscript Title
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