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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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

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

3. **Date**
   19-October-2017

4. **Are you the corresponding author?**
   - [ ] Yes
   - [✓] No
   **Corresponding Author’s Name**
   Mininder S. Kocher, MD, MPH

5. **Manuscript Title**
   Outcomes of Physeal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children

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

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- [ ] Yes
- [✓] No

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- [ ] 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. Tepolt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Lyle

2. Surname (Last Name)  
Micheli

3. Date  
16-October-2017

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

Corresponding Author's Name  
Mininder S. Kocher, MD, MPH

5. Manuscript Title  
Outcomes of Physeal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Mininder
2. Surname (Last Name) Kocher
3. Date 17-October-2017
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title
Outcomes of Physeal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children
6. Manuscript Identifying Number (if you know it)

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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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Dr. Kocher reports personal fees from Smith+Nephew, personal fees from OrthoPediatrics, personal fees from Ossur, personal fees from Elsevier, personal fees from Wolters Kluwer, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Peter  

2. Surname (Last Name)  
   Fabricant  

3. Date  
   19-October-2017  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Mininder S. Kocher, MD, MPH  

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Benton

2. Surname (Last Name)  
   Heyworth

3. Date  
   22-January-2018

4. Are you the corresponding author?  
   Yes [ ]  
   No [x]  
   Corresponding Author’s Name  
   Mininder S. Kocher, MD, MPH

5. Manuscript Title  
   Outcomes of Physeal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Prepubescent Children

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01327

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Are there any relevant conflicts of interest?  
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