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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Ryan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Coughlin</td>
</tr>
<tr>
<td>3. Date</td>
<td>13-November-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Elizabeth Wahl, MD</td>
</tr>
</tbody>
</table>

5. Manuscript Title

How Arthroscope Orientation Effects Performance. Arthroscopy in the Perspective of the Viewer and Arthroscopy Opposite of the Viewer

6. Manuscript Identifying Number (if you know it)

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Dr. Coughlin has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**
   13-November-2017

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

5. **Manuscript Title**
   How Arthroscope Orientation Effects Performance. Arthroscopy in the Perspective of the Viewer and Arthroscopy Opposite of the Viewer

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

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

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Dr. Garrigues has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Cynthia

2. Surname (Last Name)  
   Green

3. Date  
   13-November-2017

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

   Corresponding Author’s Name  
   Elizabeth Wahl, MD

5. Manuscript Title  
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Dr. Green has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dayne
2. Surname (Last Name)  Mickelson
3. Date  13-November-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Elizabeth Wahl, MD
5. Manuscript Title
   How Arthroscope Orientation Effects Performance. Arthroscopy in the Perspective of the Viewer and Arthroscopy Opposite of the Viewer
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1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Wahl

3. Date  
   13-November-2017

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

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