ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
Callander

3. Date  
16-May-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Mary Mulcahey

5. Manuscript Title  
Hamstring Injuries: Risk Factors, Treatment, and Rehabilitation

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-00261

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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?  
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Mr. Callander has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Heer

3. Date  
   16-May-2018

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

   Corresponding Author’s Name  
   Mary Mulcahey

5. Manuscript Title  
   Hamstring Injuries: Risk Factors, Treatment, and Rehabilitation

6. Manuscript Identifying Number (if you know it)  
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**Section 2. The Work Under Consideration for Publication**

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Mr. Heer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Kraeutler
3. Date 16-May-2018
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author’s Name Mary Mulcahey
5. Manuscript Title
   Hamstring Injuries: Risk Factors, Treatment, and Rehabilitation
6. Manuscript Identifying Number (if you know it)
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Dr. Kraeutler has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   16-May-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Mulcahey has nothing to disclose.

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1. Given Name (First Name)  
   Omer

2. Surname (Last Name)  
   Mei Dan

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   ☑ Yes  ☐ No

Corresponding Author’s Name  
Mary Mulcahey

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☑ Yes  ☐ No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Stryker</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Receive research support, none relevant to this paper though</td>
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Dr. Mei Dan reports grants from Stryker, outside the submitted work;

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