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)  
   Steve

2. Surname (Last Name)  
   Bayer

3. Date  
   02-August-2019

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Volker Musahl

5. Manuscript Title  
   Knee Morphological Risk Factors for Anterior Cruciate Ligament Injury: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00535R1

Section 2. The Work Under Consideration for Publication

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   ☑ No

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Mr. Bayer has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin
2. Surname (Last Name)  
   Byrne
3. Date  
   02-August-2019
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No
   Corresponding Author’s Name  
   Volker Musahl, MD
5. Manuscript Title  
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✔ No

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Kevin Byrne has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Darren

2. Surname (Last Name)  
   de SA

3. Date  
   16-August-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Volker Musahl

5. Manuscript Title  
   Knee Morphological Risk Factors for Anterior Cruciate Ligament Injury: A Systematic Review

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Dr. de SA has nothing to disclose.

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## Identifying Information

1. **Given Name (First Name)**
   - Christine

2. **Surname (Last Name)**
   - McDonough

3. **Date**
   - 29-September-2019

4. **Are you the corresponding author?**
   - Yes [✔]

5. **Manuscript Title**
   - Knee Morphological Risk Factors for Anterior Cruciate Ligament Injury: A Systematic Review

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-19-00535R2

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Dr. McDonough has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sean
2. Surname (Last Name) Meredith
3. Date 01-August-2019
4. Are you the corresponding author? No
5. Manuscript Title
Knee Morphological Risk Factors for Anterior Cruciate Ligament Injury: A Systematic Review

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? No

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Are there any relevant conflicts of interest? No

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Dr. Meredith has nothing to disclose.

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**Pending**: The patent has been filed but not issued

**Issued**: The patent has been issued by the agency

**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

**Royalties**: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Volker
2. Surname (Last Name)  Musahl
3. Date  31-July-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Knee Morphological Risk Factors for Anterior Cruciate Ligament Injury: A Systematic Review

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00535R1

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
If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Arthrex</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?  Yes  No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Musahl reports other from Smith & Nephew, grants from Arthrex, outside the submitted work.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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Section 1. Identifying Information

1. Given Name (First Name)  
Thierry

2. Surname (Last Name)  
Pauyo

3. Date  
01-August-2019

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

Corresponding Author's Name  
Volker Musahl

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Dr. Pauyo has nothing to disclose.

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</thead>
<tbody>
<tr>
<td>Kevin</td>
<td>Wilson</td>
<td>01-August-2019</td>
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Corresponding Author’s Name
Volker Musahl

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