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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Johan  
2. Surname (Last Name)  
   Forslund  
3. Date  
   02-December-2013  
4. Are you the corresponding author?  
   ✔ Yes ☐ No  
5. Manuscript Title  
   Allograft Reconstruction of Chronic Quadriceps Tendon Rupture Using Novel Technique  
6. Manuscript Identifying Number (if you know it)  

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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

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Mr. Forslund has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Stuart

2. Surname (Last Name)  
   Gold

3. Date  
   02-December-2013

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Johan Forslund

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Dr. Gold has nothing to disclose.

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Gelber
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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tr>
<td>Jonathan</td>
<td>Gelber</td>
<td>02-December-2013</td>
</tr>
</tbody>
</table>

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Corresponding Author’s Name  
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