ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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2. **The work under consideration for publication.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
   Robert                                      LaPrade                                    05-June-2017

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

5. Manuscript Title
   Posteromedial Corner Knee Injuries: Diagnosis, Management, and Outcomes. A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

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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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Section 6. Disclosure Statement

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Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith and Nephew, personal fees from Ossur, grants from Health East, Norway, grants from NIH R-13 grant for biologics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)          Jorge
2. Surname (Last Name)              Chahla
3. Date                              07-March-2017
4. Are you the corresponding author? Yes ✔ No
   Corresponding Author’s Name        Robert F LaPrade
5. Manuscript Title
   Return to National Basketball Association Competition Following Anterior Cruciate Ligament and Fibular Collateral Ligament Injuries: A Case Report
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Dr. Chahla has nothing to disclose.

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

### Section 1. Identifying Information

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

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

3. **Date**  
   07-March-2017

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

   **Corresponding Author’s Name**  
   Robert F LaPrade

5. **Manuscript Title**  
   Return to National Basketball Association Competition Following Anterior Cruciate Ligament and Fibular Collateral Ligament Injuries: A Case Report

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Dr. Kennedy 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)**  
   Mark

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

3. **Date**
   07-March-2017

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

**Corresponding Author’s Name**
Robert F LaPrade

5. **Manuscript Title**
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Mr. Cinque has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Luke
2. Surname (Last Name)    O’Brien
3. Date                   07-March-2017
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Robert F LaPrade

5. Manuscript Title
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