ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Zachary</td>
<td>Aman</td>
<td>26-October-2017</td>
</tr>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

Corresponding Author’s Name  
Robert F. LaPrade, MD, PhD

<table>
<thead>
<tr>
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Are there any relevant conflicts of interest?  
- Yes  
- No  
- ✔ No

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Zachary Aman has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Nicholas
2. Surname (Last Name)  
   DePhillipo
3. Date  
   26-October-2017

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Robert F. LaPrade, MD, PhD

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

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  LaPrade
3. Date  26-October-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Dr. LaPrade reports non-financial support and other from Arthrex, personal fees, non-financial support and other from Smith & Nephew, non-financial support and other from Ossur, outside the submitted work.

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Dr. Moatshe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mitchell
2. Surname (Last Name) Kennedy
3. Date 26-October-2017
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name
   Robert F. LaPrade
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Mitchell Kennedy has nothing to disclose.

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