ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

<p>| | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
</tr>
<tr>
<td>Jacob</td>
<td>Calcei</td>
<td>28-October-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [x] Yes  
- [ ] No

5. Manuscript Title  
Medial Collateral Ligament Avulsion Fracture from Femoral Insertion: A Case Report with Clinical and Radiographic Follow-Up

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  

- [ ] Yes  
- [x] No

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- [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [x] No
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Dr. Calcei 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)  
   Peter  
2. Surname (Last Name)  
   Fabricant  
3. Date  
   31-October-2017  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Jacob G. Calcei  
5. Manuscript Title  
   Medial Collateral Ligament Avulsion Fracture from Femoral Insertion: A Case Report with Clinical and Radiographic Follow-Up  
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Dr. Fabricant has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jensen

2. Surname (Last Name)  
Henry

3. Date  
29-October-2017

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

Corresponding Author’s Name  
Jacob G. Calcei

5. Manuscript Title  
Medial Collateral Ligament Avulsion Fracture from Femoral Insertion: A Case Report with Clinical and Radiographic Follow-Up

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Dr. Henry 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) Jonathan
2. Surname (Last Name) Schachne
3. Date 19-March-2018
4. Are you the corresponding author? Yes ☐ No ☑
Corresponding Author’s Name Jacob G. Calcei
5. Manuscript Title Medial Collateral Ligament Avulsion Fracture from Femoral Insertion: A Case Report with Clinical and Radiographic Follow-Up
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1. Given Name (First Name)  Joash
2. Surname (Last Name)  Suryavanshi
3. Date  28-October-2017
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Jacob G. Calcei
5. Manuscript Title
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Dr. Suryavanshi has nothing to disclose.

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