

## 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jessell	2. Surname (Last Name) Owens	3. Date 24-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly Day
5. Manuscript Title Return to Collegiate Hockey Following Repair of Chronic Biceps Femoris Tendon Transection at the Knee -- A Case Report		
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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Owens 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) James      2. Surname (Last Name) Rosneck      3. Date 24-September-2018

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Molly Day

5. Manuscript Title  
Return to Collegiate Hockey Following Repair of Chronic Biceps Femoris Tendon Transection at the Knee -- A Case Report

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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Dr. Rosneck reports other from Smith & Nephew, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Molly

2. Surname (Last Name)

Day

3. Date

24-September-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Return to Collegiate Hockey Following Repair of Chronic Biceps Femoris Tendon Transection at the Knee -- A Case Report

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1. Given Name (First Name) Robert	2. Surname (Last Name) Westermann	3. Date 24-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Molly Day
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