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.

1. Identifying information.

2. The work under consideration for publication.

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

5. Relationships not covered above.

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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)  Temitope
2. Surname (Last Name)  Adeyemi
3. Date  29-August-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name
   Stephen K. Aoki, MD
5. Manuscript Title
   Traumatic Pediatric Quadriceps Rupture after MPFL Reconstruction: A Case Report
6. Manuscript Identifying Number (if you know it)
   CC-D-18-00134R1

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Are there any relevant conflicts of interest?  Yes  No

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Section 4. Intellectual Property -- Patents & Copyrights

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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. Adeyemi 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)  Stephen
2. Surname (Last Name)      Aoki
3. Date                    29-August-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Traumatic Pediatric Quadriceps Rupture after MPFL Reconstruction: A Case Report

6. Manuscript Identifying Number (if you know it)
   CC-D-18-00134R1

Section 2. The Work Under Consideration for Publication

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>✔</td>
<td></td>
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<td>Paid Education Consultant</td>
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Dr. Aoki reports personal fees from Stryker Medical, outside the submitted work.

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Section 1. Identifying Information
1. Given Name (First Name)  Peter
2. Surname (Last Name)  Cannamela
3. Date  29-August-2018
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
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Dr. Cannamela has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Travis
2. Surname (Last Name)  Maak
3. Date  29-August-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Stephen K. Aoki, MD
5. Manuscript Title
   Traumatic Pediatric Quadriceps Rupture after MPFL Reconstruction: A Case Report
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<td>Arthrex, Inc.</td>
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Dr. Maak reports personal fees from Arthrex, Inc., outside the submitted work.

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