ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alberto
2. Surname (Last Name) Grassi
3. Date 08-April-2019
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Maximiliano Espinosa

5. Manuscript Title
   Treatment of meniscal deficiency with meniscal allograft transplantation and femoral osteotomy in a patient with history of lateral discoid meniscus. 15-year Follow-up Case Report
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Grassi has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Maximiliano

2. Surname (Last Name)  
Espinosa

3. Date  
08-April-2019

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

5. Manuscript Title  
Treatment of meniscal deficiency with meniscal allograft transplantation and femoral osteotomy in a patient with history of lateral discoid meniscus. 15-year Follow-up Case Report

6. Manuscript Identifying Number (if you know it)  
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**Section 2. The Work Under Consideration for Publication**

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Dr. Espinosa 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)  Maurilio
2. Surname (Last Name)  Marcacci
3. Date  08-April-2019
4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author’s Name  Maximiliano Espinosa
5. Manuscript Title
Treatment of meniscal deficiency with meniscal allograft transplantation and femoral osteotomy in a patient with history of lateral discoid meniscus. 15-year Follow-up Case Report
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Dr. Marcacci reports other from Green Bone, other from Zimmer Biomet, other from Cartiheal, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria Pia

2. Surname (Last Name)  
   Neri

3. Date  
   08-April-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Maximiliano Espinosa

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
Stefano

2. Surname (Last Name)  
Zaffagnini

3. Date  
08-April-2019

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

Corresponding Author’s Name  
Maximiliano Espinosa

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Dr. Zaffagnini reports other from Smith and Nephew, other from Stryker, other from DePuy, outside the submitted work.

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