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.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adnan

2. Surname (Last Name)  
   Saithna

3. Date  
   09-November-2017

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

5. Manuscript Title  
   Combined ACL and Anterolateral Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)  
   ST-D-17-00045

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Saithna reports that he is a Consultant for Arthrex.

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Section 1. Identifying Information

1. Given Name (First Name) bertrand
2. Surname (Last Name) Sonnery-Cottet
3. Date 08-November-2017
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Adnan Saithna

5. Manuscript Title
   Combined ACL and Anterolateral Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)
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Dr. Sonnery-Cottet reports personal fees from Arthrex, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name) Jean-Marie
2. Surname (Last Name) FAYARD
3. Date 09-November-2017
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Adnan Saithna
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Section 1. Identifying Information

1. Given Name (First Name) 
   Mathieu

2. Surname (Last Name) 
   THAUNAT

3. Date 
   09-November-2017

4. Are you the corresponding author? 
   Yes ✔ No

   Corresponding Author’s Name 
   Adnan Saithna

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

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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

Dr. Ouanezar has nothing to disclose.

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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.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

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   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Jean-Romain

2. Surname (Last Name)  
   Delaloye

3. Date  
   06-March-1981

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

   Corresponding Author’s Name  
   Adnan Saithna

5. Manuscript Title  
   Combined ACL and Anterolateral Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)  
   ST-D-17-00045

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Delaloye has nothing to disclose.

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