

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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)

Sreetha

2. Surname (Last Name)

Sidharthan

3. Date

12-June-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Daniel Green

5. Manuscript Title

Medial Patellofemoral Ligament (MPFL) Reconstruction in the Skeletally Immature Patient

6. Manuscript Identifying Number (if you know it)

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

Sreetha Sidharthan 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) John	2. Surname (Last Name) Fulkerson	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Green
5. Manuscript Title Medial Patellofemoral Ligament (MPFL) Reconstruction in the Skeletally Immature Patient		
6. Manuscript Identifying Number (if you know it)		

### 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?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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### 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 5. Relationships not covered above

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Author was the first to describe the MQTFL Reconstruction procedure in arthroscopy techniques. Nothing to disclose otherwise relevant to this presentation.

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### Section 6. Disclosure Statement

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Dr. Fulkerson reports Author was the first to describe the MQTFL Reconstruction procedure in arthroscopy techniques. Nothing to disclose otherwise relevant to this presentation..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Grace	2. Surname (Last Name) Wang	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Green
5. Manuscript Title Medial Patellofemoral Ligament (MPFL) Reconstruction in the Skeletally Immature Patient		
6. Manuscript Identifying Number (if you know it)		

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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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1. Given Name (First Name) Lindsay	2. Surname (Last Name) Schlichte	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daniel Green
5. Manuscript Title Medial Patellofemoral Ligament (MPFL) Reconstruction in the Skeletally Immature Patient		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniel      2. Surname (Last Name) Green      3. Date 21-November-2019

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Medial Patellofemoral Ligament (MPFL) Reconstruction in the Skeletally Immature Patient

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pega Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Green reports personal fees from Arthrex, personal fees from Pega Medical , outside the submitted work; .

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