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)  Dagan
2. Surname (Last Name)     Cloutier
3. Date                    05-April-2018
4. Are you the corresponding author?  Yes  ☑ No

5. Manuscript Title
Sports Medicine Roundtable: Graft selection for anterior cruciate ligament reconstruction

6. Manuscript Identifying Number (if you know it)

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Mr. Cloutier has nothing to disclose.

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Collins
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Larry
2. Surname (Last Name)  Collins
3. Date  05-April-2018
4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Dagan Cloutier


6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Charles
2. Surname (Last Name) Dowell
3. Date 05-April-2018
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name
   Dagan Cloutier
5. Manuscript Title
   Sports Medicine Roundtable: Graft selection for anterior cruciate ligament reconstruction
6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brian  

2. Surname (Last Name)  
   Downie  

3. Date  
   05-April-2018  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

   Corresponding Author’s Name  
   Dagan Cloutier  

5. Manuscript Title  
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Sean</td>
<td>Hazzard</td>
<td>05-April-2018</td>
</tr>
</tbody>
</table>

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

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Mr. Hazzard has nothing to disclose.

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