

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jon

2. Surname (Last Name)

Karlsson

3. Date

07-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Thorkell Snaebjörnsson

5. Manuscript Title

Graft fixation and timing of surgery are predictors of early anterior cruciate ligament revision: a cohort study from the Swedish and Norwegian Knee Ligament Registries based on 18,425 patients

6. Manuscript Identifying Number (if you know it)

JBJSOA-D-19-00037R1

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Editor-in-chief of Knee Surgery Sports Traumatology Arthroscopy

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Dr. Karlsson reports Editor-in-chief of Knee Surgery Sports Traumatology Arthroscopy.

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Section 1. Identifying Information

1. Given Name (First Name) Kristian	2. Surname (Last Name) Samuelsson	3. Date 07-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thorkell Snaebjörnsson
5. Manuscript Title Graft fixation and timing of surgery are predictors of early anterior cruciate ligament revision: a cohort study from the Swedish and Norwegian Knee Ligament Registries based on 18,425 patients		
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Dr. Samuelsson 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) Andreas	2. Surname (Last Name) Persson	3. Date 03-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thorkell Snaebjörnsson
5. Manuscript Title Graft fixation and timing of surgery are predictors of early anterior cruciate ligament revision: a cohort study from the Swedish and Norwegian Knee Ligament Registries based on 18,425 patients		
6. Manuscript Identifying Number (if you know it)		

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Dr. Persson 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) Eric	2. Surname (Last Name) Hamrin Senorski	3. Date 07-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thorkell Snaebjörnsson
5. Manuscript Title Graft fixation and timing of surgery are predictors of early anterior cruciate ligament revision: a cohort study from the Swedish and Norwegian Knee Ligament Registries based on 18,425 patients		
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Dr. Hamrin Senorski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Thorkell

2. Surname (Last Name)
Snaebjörnsson

3. Date
25-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Graft fixation and timing of surgery are predictors of early anterior cruciate ligament revision: a cohort study from the Swedish and Norwegian Knee Ligament Registries based on 18,425 patients

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-19-00037R1

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Dr Snaebjörnsson has no conflicts of interest to declare

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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.

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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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Section 1. Identifying Information

1. Given Name (First Name)
Eleonor

2. Surname (Last Name)
Svantesson

3. Date
06-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Thorkell Snaebjörnsson

5. Manuscript Title

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Dr. Svantesson has nothing to disclose.

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