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)  
   Justin

2. Surname (Last Name)  
   Griffin

3. Date  
   14-February-2015

4. Are you the corresponding author?  
   Yes  
   ✔  No

5. Manuscript Title  
   Current Diagnostic and Management Strategies of Multiligament Knee Injuries

6. Manuscript Identifying Number (if you know it)

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Dr. Griffin has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Mark</td>
<td>Miller</td>
<td>14-February-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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Dr. Miller has nothing to disclose.

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1. Given Name (First Name)  
   Brian  
2. Surname (Last Name)  
   Werner  
3. Date  
   14-February-2015  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Mark D. Miller

5. Manuscript Title  
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F. Winston  

2. Surname (Last Name)  
Gwathmey  

3. Date  
14-February-2015  

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Mark D. Miller  

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   M. Tyrrell

2. Surname (Last Name)  
   Burrus

3. Date  
   14-February-2015

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Mark D. Miller

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Dr. Burrus has nothing to disclose.

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