

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ian	2. Surname (Last Name) Isby	3. Date 29-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy Somerson, MD
5. Manuscript Title DOES THE MENSTRUAL CYCLE AFFECT ANTERIOR KNEE LAXITY AND RATE OF ACL TEAR? A SYSTEMATIC REVIEW AND META-ANALYSIS.		
6. Manuscript Identifying Number (if you know it)		

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Mr. Isby 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)

Albert

2. Surname (Last Name)

Gee

3. Date

04-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jeremy S. Somerson, MD

5. Manuscript Title

DOES THE MENSTRUAL CYCLE AFFECT ANTERIOR KNEE LAXITY AND RATE OF ACL TEAR? A SYSTEMATIC REVIEW AND META-ANALYSIS.

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Dr. Gee has nothing to disclose.

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1. Given Name (First Name)

Mia

2. Surname (Last Name)

Hagen

3. Date

04-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jeremy S. Somerson, MD

5. Manuscript Title

DOES THE MENSTRUAL CYCLE AFFECT ANTERIOR KNEE LAXITY AND RATE OF ACL TEAR? A SYSTEMATIC REVIEW AND META-ANALYSIS.

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Dr. Hagen has nothing to disclose.

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1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Kweon

3. Date  
04-December-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Jeremy S. Somerson

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

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1. Given Name (First Name) Jeremy      2. Surname (Last Name) Somerson      3. Date 29-November-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DJO Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel and Lodging
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and Beverage
Lifenet Vivigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and Beverage
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and Beverage
Tornier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel and Lodging
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and Beverage
KCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Food and Beverage

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Dr. Somerson reports other from DJO Surgical, other from Smith and Nephew, other from Lifenet Vivigen, other from DePuy, other from Tornier, other from Zimmer Biomet, other from KCI, outside the submitted work; .

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