

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Frances	2. Surname (Last Name) Tepolt	3. Date 19-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mininder S. Kocher, MD, MPH
5. Manuscript Title Outcomes of Physcal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children		
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

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Tepolt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lyle	2. Surname (Last Name) Micheli	3. Date 16-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mininder S. Kocher, MD, MPH
5. Manuscript Title Outcomes of Physcal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children		
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

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Micheli has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Mininder

2. Surname (Last Name)
Kocher

3. Date
17-October-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Outcomes of Physseal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children

6. Manuscript Identifying Number (if you know it)

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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
Smith+Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSULTING
OrthoPediatics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSULTING & ROYALTIES
Ossur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONSULTING & ROYALTIES
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROYALTIES - PUBLISHERS
Wolters Kluwer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROYALTIES - PUBLISHERS

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Dr. Kocher reports personal fees from Smith+Nephew, personal fees from OrthoPediatrics, personal fees from Ossur, personal fees from Elsevier, personal fees from Wolters Kluwer, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Fabricant	3. Date 19-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mininder S. Kocher, MD, MPH
5. Manuscript Title Outcomes of Physcal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Children		
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Dr. Fabricant 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) Benton	2. Surname (Last Name) Heyworth	3. Date 22-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mininder S. Kocher, MD, MPH
5. Manuscript Title Outcomes of Physcal-Sparing ACL Reconstruction with Iliotibial Band in Skeletally Immature Prepubescent Children		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01327		

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Dr. Heyworth has nothing to disclose.

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