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) Tulio
2. Surname (Last Name) Campos
3. Date 15-June-2020
4. Are you the corresponding author? No
   Corresponding Author’s Name Dustin Richter
5. Manuscript Title The Management of Knee Dislocations in the Limited Resource Setting
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00743

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Dr. Campos 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) Michael
2. Surname (Last Name) Held
3. Date 15-June-2020
4. Are you the corresponding author? Yes ❑ No ❑
   Corresponding Author’s Name Dustin Richter
5. Manuscript Title
   The Management of Knee Dislocations in the Limited Resource Setting
6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-00743

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Dr. Held has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Schenck
3. Date  15-June-2020
4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title
   The Management of Knee Dislocations in the Limited Resource Setting

6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Wascher

3. Date  
15-June-2020

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

   Corresponding Author’s Name  
Dustin Richter

5. Manuscript Title  
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Dr. Wascher reports grants from Arthrex, grants from Smith & Nephew, personal fees from Orthopaedic Journal of Sports Medicine, outside the submitted work; .

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1. Given Name (First Name) Dustin

2. Surname (Last Name) Richter

3. Date 15-June-2020

4. Are you the corresponding author? Yes ☑ No

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