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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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Identifying Information

1. Given Name (First Name)  
   Gilbert

2. Surname (Last Name)  
   Moatshe

3. Date  
   09-September-2016

4. Are you the corresponding author?  
   - Yes  
   - No  

   Corresponding Author’s Name  
   Robert F. LaPrade

5. Manuscript Title  
   Anatomic Double Bundle Posterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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### The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
- Yes  
- No

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### Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
- Yes  
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### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes  
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Dr. Moatshe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jorge
2. Surname (Last Name) Chahla
3. Date 09-September-2016
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
Anatomic Double Bundle Posterior Cruciate Ligament Reconstruction
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Robert F. LaPrade

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Are there any relevant conflicts of interest? Yes ✘ No

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Dr. Chahla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Lars

2. Surname (Last Name)  engebretsen

3. Date  09-September-2016

4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Anatomic Double Bundle Posterior Cruciate Ligament Reconstruction

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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I have co developed a aiming guide system for posterolateral and posteromedial knee reconstructions for Arthrex

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Dr. engebretsen reports grants from Health South East Norway, during the conduct of the study; and I have co developed a aiming guide system for posterolateral and posteromedial knee reconstructions for Arthrex.

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Section 1. Identifying Information

1. Given Name (First Name)
   Robert

2. Surname (Last Name)
   LaPrade

3. Date
   09-September-2016

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

5. Manuscript Title
   Anatomic Double Bundle Posterior Cruciate Ligament Reconstruction

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith and Nephew, personal fees from Ossur, grants from Health East, Norway, grants from NIH R-13 grant for biologics, outside the submitted work; In addition, Dr. LaPrade has a patent Ossur pending, a patent Smith and Nephew pending, a patent Ossur with royalties paid, a patent Smith and Nephew with royalties paid, and a patent Arthrex with royalties paid.
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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>NIH R-13 grant for biologics</td>
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 

☑ Yes  □ No  

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith and Nephew, personal fees from Ossur, grants from Health East, Norway, grants from NIH R-13 grant for biologics, outside the submitted work; In addition, Dr. LaPrade has an ACL brace patent Ossur pending, a meniscal root repair system patent Smith and Nephew pending, a patent Ossur with royalties paid, a patent Smith and Nephew with royalties paid, and a patent Arthrex with royalties paid.
Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.