

## 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)

Patrick J

2. Surname (Last Name)

Bevan

3. Date

20-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Perry O Hooper, DO

5. Manuscript Title

MANAGEMENT OF POSTERIOR CRUCIATE LIGAMENT TIBIAL AVULSION INJURIES: An Open Approach

6. Manuscript Identifying Number (if you know it)

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Dr. Bevan 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)  
Lutul D

2. Surname (Last Name)  
Farrow

3. Date  
20-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Perry O Hooper, DO

5. Manuscript Title  
MANAGEMENT OF POSTERIOR CRUCIATE LIGAMENT TIBIAL AVULSION INJURIES: An Open Approach

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Dr. Farrow has nothing to disclose.

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1. Given Name (First Name)  
Perry

2. Surname (Last Name)  
Hooper

3. Date  
20-September-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
MANAGEMENT OF POSTERIOR CRUCIATE LIGAMENT TIBIAL AVULSION INJURIES: An Open Approach

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Silko	3. Date 20-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Perry O Hooper, DO
5. Manuscript Title MANAGEMENT OF POSTERIOR CRUCIATE LIGAMENT TIBIAL AVULSION INJURIES: An Open Approach		
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