

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.

5. Relationships not covered above.

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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)
Gretchen

2. Surname (Last Name)
Oliver

3. Date
26-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Preliminary evaluation of dynamic knee valgus and serum relaxin concentrations after ACL reconstruction

6. Manuscript Identifying Number (if you know it)

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

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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

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

Dr. Oliver 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) Gabrielle | 2. Surname (Last Name) Gilmer | 3. Date 04-December-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Gretchen Oliver |
| 5. Manuscript Title Preliminary evaluation of dynamic knee valgus and serum relaxin concentrations after ACL reconstruction | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Gilmer 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)
Jessica

2. Surname (Last Name)
Washington

3. Date
04-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gretchen Oliver

5. Manuscript Title

Preliminary evaluation of dynamic knee valgus and serum relaxin concentrations after ACL reconstruction

6. Manuscript Identifying Number (if you know it)

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| | | |
|--|---|--|
| 1. Given Name (First Name) Michael | 2. Surname (Last Name) Roberts | 3. Date 04-December-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Gretchen Oliver |
| 5. Manuscript Title Preliminary evaluation of dynamic knee valgus and serum relaxin concentrations after ACL reconstruction | | |
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