ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name) Brooke
2. Surname (Last Name) Barrow
3. Date 06-November-2020
4. Are you the corresponding author? Yes [x] No

5. Manuscript Title
Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis
6. Manuscript Identifying Number (if you know it)
JBJSOA-D-20-00106

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Brooke Barrow has nothing to disclose.

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<tr>
<td>Matthew</td>
<td>Ellington</td>
<td>06-November-2020</td>
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<th>4. Are you the corresponding author?</th>
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Are there any relevant conflicts of interest?  

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Dr. Ellington has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Stephanie
2. Surname (Last Name) Mayer
3. Date 06-November-2020
4. Are you the corresponding author? Yes
5. Manuscript Title Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis
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Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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<td>Stryker</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Mayer
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Dr. Mayer reports other from Stryker, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Andrew                          Pennock                          06-November-2020

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Section 1. Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)  Beck
3. Date  27-April-2020
4. Are you the corresponding author?  Yes ✔ No

Corresponding Author’s Name
JR Cruz MD Henry Ellis MD

5. Manuscript Title
Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis

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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)  
   Zachary

2. Surname (Last Name)  
   Stinson

3. Date  
   26-April-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   Aristides I. Cruz, Jr.

5. Manuscript Title  
   Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis

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?  
   No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Stinson has nothing to disclose.

Evaluation and Feedback

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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) Aristides
2. Surname (Last Name) Cruz
3. Date 24-April-2020
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis
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

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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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) Curtis
2. Surname (Last Name) VandenBerg
3. Date 29-April-2020
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Aristides Cruz
5. Manuscript Title Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis
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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No ✔
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Dr. VandenBerg 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)**
   - Burke

2. **Surname (Last Name)**
   - Gao

3. **Date**
   - 25-April-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes
- No
Section 5. Relationships not covered above

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Dr. Gao 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)  Henry  
2. Surname (Last Name)  Ellis  
3. Date  24-April-2020  
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title  
Failure Rates of Allograft and Autograft ACL Reconstruction in Patients ≤19 Years-Old: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)  
Corresponding Author’s Name  
Aristides I. Cruz, Jr

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Dr. Ellis has nothing to disclose.

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