

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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  No Corresponding Author's Name

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

6. Manuscript Identifying Number (if you know it)  
JBJSOA-D-20-00106

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### 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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Brooke Barrow 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) Matthew	2. Surname (Last Name) Ellington	3. Date 06-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Failure Rates of Allograft and Autograft ACL Reconstruction in Patients $\leq$ 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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Dr. Ellington 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)  
Stephanie

2. Surname (Last Name)  
Mayer

3. Date  
06-November-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_

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  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant

### 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. Mayer reports other from Stryker, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Pennock	3. Date 06-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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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Dr. Pennock has nothing to disclose.

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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  $\leq 19$  Years-Old: A Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Beck 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) Zachary	2. Surname (Last Name) Stinson	3. Date 26-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?  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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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## 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  $\leq 19$  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

### 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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## 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  $\leq 19$  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

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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  No

Corresponding Author's Name

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

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Aristides I. Cruz, Jr
5. Manuscript Title Failure Rates of Allograft and Autograft ACL Reconstruction in Patients $\leq$ 19 Years-Old: A Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it)		

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Dr. Ellis has nothing to disclose.

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