

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.

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4. Intellectual Property.

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

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Section 1. Identifying Information

1. Given Name (First Name) Andy	2. Surname (Last Name) Riff	3. Date 28-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bernard R. Bach Jr.
5. Manuscript Title Revision ACL Reconstruction: A Critical Analysis Review		
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. Riff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Brandon	2. Surname (Last Name) Erickson	3. Date 28-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bernard R. Bach Jr.
5. Manuscript Title Revision ACL Reconstruction: A Critical Analysis Review		
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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Dr. Erickson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bernard

2. Surname (Last Name) Bach Jr.

3. Date 28-September-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title Revision ACL Reconstruction: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it) _____

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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
AOSSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	membership
Arhtrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
CONMED LinvatecReview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
DJ Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Ossur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Tornier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
SLACK Incorporated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publishing Royalties

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Dr. Bach Jr. reports other from AOSSM, other from Arhtrex, other from CONMED LinvatecReview, other from DJ Orthopaedics, other from Ossur, other from Smith and Nephew, other from Tornier, personal fees from SLACK Incorporated, outside the submitted work; .

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1. Given Name (First Name) Gregory	2. Surname (Last Name) Cvetanovich	3. Date 28-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bernard R. Bach Jr.
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Dr. Cvetanovich has nothing to disclose.

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Dr. Frank has nothing to disclose.

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