

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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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) Aakash	2. Surname (Last Name) Chauhan	3. Date 02-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sam Akhavan
5. Manuscript Title An Algorithm for Diagnosis and Management of Acute and Recurrent Patellar Instability		
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 4. Intellectual Property -- Patents & Copyrights

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Dr. Chauhan 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) Darren      2. Surname (Last Name) Frank      3. Date 02-November-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Sam Akhavan

5. Manuscript Title  
An Algorithm for Diagnosis and Management of Acute and Recurrent Patellar Instability

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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. Frank reports personal fees from Arthrex, Inc, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) DeMeo	3. Date 02-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sam Akhavan
5. Manuscript Title An Algorithm for Diagnosis and Management of Acute and Recurrent Patellar Instability		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Duerr

3. Date  
02-November-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sam Akhavan

5. Manuscript Title

An Algorithm for Diagnosis and Management of Acute and Recurrent Patellar Instability

6. Manuscript Identifying Number (if you know it)

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Dr. Duerr has nothing to disclose.

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1. Given Name (First Name) Sam

2. Surname (Last Name) Akhavan

3. Date 02-November-2015

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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
Arthrex, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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