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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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)  Robert
2. Surname (Last Name)  Magnussen
3. Date  14-April-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
ACL graft and contralateral ACL tear risk at minimum 10 years following reconstruction: A systematic review of prospectively collected data
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
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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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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Dr. Magnussen reports grants from NIH, grants from OREF, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rick
2. Surname (Last Name) Wright
3. Date 11-April-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Robert Magnussen
5. Manuscript Title
   ACL graft and contralateral ACL tear risk at minimum 10 years following reconstruction: A systematic review of prospectively collected data
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

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

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<tr>
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<th>Non-Financial Support</th>
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Wright
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

✔ No

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Dr. Wright reports grants from NIH, from Wright Medical, personal fees from Wolters Kluwer, personal fees from Lippincott Williams & Wilkins, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kurt  
2. Surname (Last Name)  
   Spindler  
3. Date  
   14-April-2014  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Robert Magnussen  
5. Manuscript Title  
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Are there any relevant conflicts of interest?  

- ✔ Yes  
- No  

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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- ✔ Yes  
- No  

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<td>Injury and Safety Panel</td>
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Section 4. Intellectual Property -- Patents & Copyrights

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nicole

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

3. **Date**
   - 15-April-2014

4. **Are you the corresponding author?**
   - Yes [ ]  No [x]

   **Corresponding Author’s Name**
   - Robert Magnussen

5. **Manuscript Title**
   - ACL graft and contralateral ACL tear risk at minimum 10 years following reconstruction: A systematic review of prospectively collected data

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Meschbach
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Dr. Meschbach has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Christopher
2. Surname (Last Name)  Kaeding
3. Date  12-April-2014
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
ACL graft and contralateral ACL tear risk at minimum 10 years following reconstruction: A systematic review of prospectively collected data
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Are there any relevant conflicts of interest?  Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  Yes  ✔  No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJ Orthopaedics</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Supported Muscle Stim study</td>
</tr>
</tbody>
</table>

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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Section 5. Relationships not covered above

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Kaeding reports grants from DJ Orthopaedics, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.