ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   23-August-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

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   ✔ No

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   ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>Arthrex, Inc</td>
<td>☐</td>
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<td></td>
<td>☐</td>
<td>Paid Presenter or Speaker</td>
</tr>
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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  
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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) Provencher
3. Date 23-August-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Mary K. Mulcahey
5. Manuscript Title
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.)?
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1. Given Name (First Name)  
   Symone

2. Surname (Last Name)  
   Brown

3. Date  
   23-August-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No
   Corresponding Author’s Name  
   Mary K. Mulcahey

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Cole
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<tr>
<td>Wendell</td>
<td>Cole</td>
<td>23-August-2020</td>
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**Corresponding Author’s Name**
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Are there any relevant conflicts of interest? | Yes | No

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