Date:	2022/1/30
-------	-----------

Your Name: Bin-An Zhao

Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ <b>X</b> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_ <b>X</b> _None	
	testimony		
_			
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ <b>X</b> _None	
	pending		
9	Participation on a Data	_ <b>X</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ <b>X</b> _None	
12	Receipt of equipment,	_ <b>X</b> _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ <b>X</b> _None	
	financial interests		

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2022/	1/30

Your Name: Yi-Yong Yao

Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ <b>X</b> _None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_ <b>X</b> _None	
	testimony		
_			
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ <b>X</b> _None	
	pending		
9	Participation on a Data	_ <b>X</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ <b>X</b> _None	
12	Receipt of equipment,	_ <b>X</b> _None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_X_None	
	financial interests		

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2022/1/30
Your Name: Qing-Xin Ji
Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments  (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ <b>X</b> _None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	_ <b>X</b> _None	
U	testimony	_A_None	
7	Support for attending meetings and/or travel	_X_None	
	G ,		
8	Patents planned, issued or	_ <b>X</b> _None	
	pending		
9	Participation on a Data	_ <b>X</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ <b>X</b> _None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ <b>X</b> _None	
	financial interests		

The author has no conflicts of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 2022/1/30	
Your Name: Zhen-Yu	Li

Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

The author has no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	: 2022/	1/30	
Your	Name:	Biao	Cheng

Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):\_\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ <b>X</b> _None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	_ <b>X</b> _None	
U	testimony	_A_None	
7	Support for attending meetings and/or travel	_X_None	
	G ,		
8	Patents planned, issued or	_ <b>X</b> _None	
	pending		
9	Participation on a Data	_ <b>X</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ <b>X</b> _None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ <b>X</b> _None	
	financial interests		

The author has no conflicts of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:	2022/1/30
-------	-----------

Your Name: Jian-Feng Pan

Manuscript Title: No difference in postoperative efficacy and safety between autograft and allograft in

anterior cruciate ligament reconstruction: a retrospective study in 112 patients

Manuscript number (if known):\_\_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	_X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Payment or honoraria for	_ <b>X</b> _None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	_ <b>X</b> _None	
U	testimony	_A_None	
7	Support for attending meetings and/or travel	_X_None	
	G ,		
8	Patents planned, issued or	_ <b>X</b> _None	
	pending		
9	Participation on a Data	_ <b>X</b> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_ <b>X</b> _None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ <b>X</b> _None	
12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ <b>X</b> _None	
	financial interests		

The author has no conflicts of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this

form.