

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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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.

5. Relationships not covered above.

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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)
Cale

2. Surname (Last Name)
Jacobs

3. Date
10-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Allograft augmentation of hamstring autografts was not a cost-effective treatment option for middle aged patients undergoing primary anterior cruciate ligament reconstruction

6. Manuscript Identifying Number (if you know it)
AOJ-17-8

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

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

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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. Jacobs 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)
Chaitu

2. Surname (Last Name)
Malempati

3. Date
10-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Cale Jacobs

5. Manuscript Title
Allograft augmentation of hamstring autografts was not a cost-effective treatment option for middle aged patients undergoing primary anterior cruciate ligament reconstruction

6. Manuscript Identifying Number (if you know it)
AOJ-17-8

Section 2. The Work Under Consideration for Publication

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Dr. Malempati has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Makhni	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cale Jacobs
5. Manuscript Title Allograft augmentation of hamstring autografts was not a cost-effective treatment option for middle aged patients undergoing primary anterior cruciate ligament reconstruction		
6. Manuscript Identifying Number (if you know it) AOJ-17-8		

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Section 1. Identifying Information

1. Given Name (First Name) Darren 2. Surname (Last Name) Johnson 3. Date 10-May-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Cale Jacobs

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Johnson reports grants and personal fees from Smith & Nephew, outside the submitted work; .

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