

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Gian Andrea	2. Surname (Last Name) Lucidi	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Volker Musahl
5. Manuscript Title Role of the anterolateral complex in rotatory instability of the anterior cruciate ligament deficient knee		
6. Manuscript Identifying Number (if you know it) AOJ-16-78		

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

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Dr. Lucidi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Hughes	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Volker Musahl
5. Manuscript Title Role of the anterolateral complex in rotatory instability of the anterior cruciate ligament deficient knee		
6. Manuscript Identifying Number (if you know it) AOJ-16-78		

Section 2. The Work Under Consideration for Publication

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Dr. Hughes has nothing to disclose.

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1. Given Name (First Name) Elmar	2. Surname (Last Name) Herbst	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Volker Musahl
5. Manuscript Title Role of the anterolateral complex in rotatory instability of the anterior cruciate ligament deficient knee		
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1. Given Name (First Name) Jeremy	2. Surname (Last Name) Burnham	3. Date 10-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Volker Musahl
5. Manuscript Title Role of the anterolateral complex in rotatory instability of the anterior cruciate ligament deficient knee		
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Section 1. Identifying Information

1. Given Name (First Name)
Volker

2. Surname (Last Name)
Musahl

3. Date
10-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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