

Instructions

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| Section 1. | Identifying Infor | mation | | | |
|--------------------------------------|-----------------------------|-------------------------|-------------|--|--|
| 1. Given Name (Fi Elmar | rst Name) | 2. Surname (L Herbst | .ast Name) | | 3. Date 13-June-2017 |
| 4. Are you the corresponding author? | | Yes 🗸 | No | Corresponding Author's Nar Christian Fink | ne |
| 5. Manuscript Title Functional asses | e sments for anterior cr | uciate ligament | reconstruct | tion return to sport | |
| 6. Manuscript Ider AOJ-17-5 | ntifying Number (if you | know it) | | | |
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| Section 2. | The Work Under | Consideration | for Public | cation | |
| | • | | | a third party (government, cor ata monitoring board, study de | nmercial, private foundation, etc.) for sign, manuscript preparation, |

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🖌 No

Yes

| Are there any relevant conflicts of interest? | Yes | \checkmark | No |
|---|-----|--------------|----|
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statistical analysis, etc.)?

Are there any relevant conflicts of interest?

| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | V N | 10 |
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Dr. Herbst has nothing to disclose.

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|---|----------------------------------|--------------------------|------------------|--|
| 1. Given Name (Fi Guido | rst Name) | 2. Surname (La Wierer | ast Name) | 3. Date 13-June-2017 |
| 4. Are you the corresponding author? | | Yes 🖌 No | | Corresponding Author's Name Christian Fink |
| 5. Manuscript Title Functional asses | e sments for anterior c | ruciate ligament | reconstructio | n return to sport |
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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.)?

🖌 No

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Dr. Wierer has nothing to disclose.

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| 1. Given Name (Fi Felix | rst Name) | 2. Surname (Last Fischer | Name) 3. Date 13-June-2017 |
| 4. Are you the corresponding author? | | Yes 🖌 N | corresponding Author's Name |
| | | | Christian Fink |
| 5. Manuscript Title Functional asses | | uciate ligament rec | onstruction return to sport |
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🖌 No

| Are there any relevant conflicts of interest? | | Yes | |
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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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| 4. Are you the cor | responding author? | Yes | 🖌 No | Corresponding Author's Na Christian Fink | me |
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🖌 No

Yes

| Are there any relevant conflicts of interest? | | Yes | \checkmark | No |
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



| Section 1. | Identifying Inform | nation | |
|---|---------------------------|--|-------------------------|
| 1. Given Name (Fir Christian | rst Name) | 2. Surname (Last Name) Fink | 3. Date 13-June-2017 |
| 4. Are you the corr | responding author? | ✓ Yes No | |
| 5. Manuscript Title Functional asses | | iciate ligament reconstruction return to sport | |
| 6. Manuscript Ider AOJ-17-5 | ntifying Number (if you k | now 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.)?

🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
|---|-----|

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.

| Name of Entity | Grant? | Personal Fees ? | Non-Financial Support? | Other? | Comments | |
|-----------------------|--------|---------------------------|---------------------------|--------|------------|--|
| Medacta (Switzerland) | | \checkmark | | | | |
| Karl Storz (Germany) | | \checkmark | | | Consultant | |

Section 4.

Intellectual Property -- Patents & Copyrights

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



Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

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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. Fink reports personal fees from Medacta (Switzerland), personal fees from Karl Storz (Germany), outside the submitted work; .

Evaluation and Feedback