

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paulo V. P.

2. Surname (Last Name)
Helito

3. Date
07-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Imaging evaluation of the multiligament injured knee

6. Manuscript Identifying Number (if you know it)
AOJ-2018-MIK-02

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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Dr. Helito has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Peters	3. Date 18-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helito Paulo V. P.
5. Manuscript Title Imaging evaluation of the multiligament injured knee		
6. Manuscript Identifying Number (if you know it) AOJ-2018-MIK-02		

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1. Given Name (First Name) Camilo Partezani	2. Surname (Last Name) Helito	3. Date 18-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helito Paulo V. P.
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1. Given Name (First Name) Pieter	2. Surname (Last Name) Van Dyck	3. Date 18-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Helito Paulo V. P.
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