

ICMJE DISCLOSURE FORM

Date: 05/12/2022

Your Name: JOAO PEDRO DE GUIMARAES FERNANDES COSTA

Manuscript Title: Patient Demographic and Magnetic Resonance Imaging Evaluation of Isolated Posterolateral Corner Knee Injuries

Manuscript number (if known): AOJ-22-28

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.

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Time frame: Since the initial planning of the work			
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3	Royalties or licenses	(X)None	
4	Consulting fees	(X)None	

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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.		

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Date: 05/12/2022

Your Name: JAIR ANTUNES ELETERIO NETO

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Date: 05/12/2022

Your Name: MARCELO BORDALO RODRIGUES

Manuscript Title: Patient Demographic and Magnetic Resonance Imaging Evaluation of Isolated Posterolateral Corner Knee Injuries

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Date: 05/12/2022

Your Name: CAMILO PARTEZANI HELITO

Manuscript Title: Patient Demographic and Magnetic Resonance Imaging Evaluation of Isolated Posterolateral Corner Knee Injuries

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Date: 05/12/2022

Your Name: PAULO VICTOR PARTEZANI HELITO

Manuscript Title: Patient Demographic and Magnetic Resonance Imaging Evaluation of Isolated Posterolateral Corner Knee Injuries

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