Date: November. 5th, 2024 Your Name: Francesco Bosco

Manuscript Title: The Pie-Crust Surgical Technique for Medial Collateral Ligament Release: Enhancing Visualization of

the Medial Compartment in Knee Arthroscopy Manuscript number (if known): AOJ-23-54

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

5	Payment or honoraria for	X None	
5	lectures, presentations,	xnone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests	_	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: November. 5th, 2024 Your Name: Fortunato Giustra

Manuscript Title: The Pie-Crust Surgical Technique for Medial Collateral Ligament Release: Enhancing Visualization of

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests	_	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: November. 5th, 2024 Your Name: Alessandro Ghirri

Manuscript Title: The Pie-Crust Surgical Technique for Medial Collateral Ligament Release: Enhancing Visualization of

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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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13	Other financial or non-	XNone	
	financial interests	_	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: November. 5th, 2024

Your Name: Domenico Lewis Battaglia

Manuscript Title: The Pie-Crust Surgical Technique for Medial Collateral Ligament Release: Enhancing Visualization of

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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests	_	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: November. 5th, 2024 Your Name: Marcello Capella

Manuscript Title: The Pie-Crust Surgical Technique for Medial Collateral Ligament Release: Enhancing Visualization of

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3	Royalties or licenses	X_None					
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5	Payment or honoraria for lectures, presentations,	xnone	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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None.			

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