Date:_6/14/2023
Your Name:_Mario Giacobazzi
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
basketball player with a history of contralateral Achilles rupture: a case report
Manuscript number (if known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
0	Participation on a Data	X None	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
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Piea	ise summarize the above co	onlict of interest in the for	lowing box:
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l N	lone.		

Date:_6/14/2023
Your Name:_Maxwell Hansen
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
basketball player with a history of contralateral Achilles rupture: a case report
Manuscript number (if known):

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4		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	X None	
10	in other board, society,	XNOTIE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	ollowing box:
	lone.		

Date:_6/14/2023
Your Name:_MaKayla Gologram
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
basketball player with a history of contralateral Achilles rupture: a case report
Manuscript number (if known):

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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	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	X_None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
42	services			
13	Other financial or non-	XNone		
	financial interests			
	Please summarize the above conflict of interest in the following box:  None.			
1			· ·	

Date:_6/14/2023
Your Name:_Robert Mitchell
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
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Manuscript number (if known):

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
	lifeetings and/or traver		
	Detects of good issued as	V. Nava	
8	Patents planned, issued or pending	XNone	
	perioring		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
40			
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	onflict of interest in the fo	ollowing box:

Date:_6/14/2023
Your Name:_Connor Kasik
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
basketball player with a history of contralateral Achilles rupture: a case report
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Nana	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	X None	
12		X	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ose summarize the above co	nflict of interest in the fo	ollowing box:

Date:_6/14/2023
Your Name:_Andrei I. Gritsiuta
Manuscript Title: Primary repair of complete Achilles tear augmented with amnion allograft wrap in college
basketball player with a history of contralateral Achilles rupture: a case report.
Manuscript number (if known):

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Nana	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	X None	
12		X	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ose summarize the above co	nflict of interest in the fo	ollowing box: