ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is in four parts:

Section 1. Identifying information
Enter your full name and provide the manuscript title.

Section 2. The work under consideration for publication
This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check "Yes." Then complete the provide the information requested.

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**Section 1. Identifying Information**

1. Given Name    Adnan____
2. Surname    Saithna__
3. Are you the corresponding author?  Yes      No_X_
4. Effective Date _26/02/2017_______
5. Manuscript Title _ Suture Repair of Full Radial Posterior Lateral Meniscus Tears Using a Central Midline Portal

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Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant
   ___No ___X__Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

2. Consulting fee or honorarium
   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

3. Support for travel to meetings for the study or other purposes
   _X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
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5. Payment for writing or reviewing the manuscript
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6. Provision of writing assistance, medicines, equipment, or administrative support
   _X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

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2. Consultancy
   ___ X No _ Yes, money paid to you __Yes, money paid to institution* Name of entity ____Comments___

3. Employment
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

4. Expert testimony
   X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

5. Grants/grants pending
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

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8. Patents (planned, pending or issued)
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

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   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

10. Payment for development of educational presentations
    X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

11. Stock/stock options
    _X No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ____ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    _X_ No ___ Yes, money paid to you __ Yes, money paid to institution* Name of entity ____ Comments___

13. Other (err on the side of full disclosure)
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Section 1. Identifying Information

1. Given Name Levi 2. Surname Reina Fernandes
3. Are you the corresponding author? Yes No X
4. Effective Date 26/02/2017
5. Manuscript Title Suture Repair of Full Radial Posterior Lateral Meniscus Tears Using a Central Midline Portal

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1. Given Name    Bertrand_______ 2. Surname _Sonerry-Cottet________________
3. Are you the corresponding author?  Yes  X  No___
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Section 1. Identifying Information

1. Given Name    Mathieu______ 2. Surname _Thaunat_____________
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   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___
5. Payment for writing or reviewing the manuscript
   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___
6. Provision of writing assistance, medicines, equipment, or administrative support
   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___
7. Other
   _X No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
## Section 3. Relevant financial activities outside the submitted work

1. **Board membership**

<table>
<thead>
<tr>
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<th>Yes, money paid to institution</th>
<th>Name of entity</th>
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2. **Consultancy**

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3. **Employment**

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4. **Expert testimony**

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5. **Grants/grants pending**

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6. **Payment for lectures including service on speakers bureaus**

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7. **Payment for manuscript preparation**

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8. **Patents (planned, pending or issued)**

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9. **Royalties**

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10. **Payment for development of educational presentations**

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11. **Stock/stock options**

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12. **Travel/accommodations/ meeting expenses unrelated to activities listed**

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13. **Other (err on the side of full disclosure)**

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** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships

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?

X _No other relationships/conditions/circumstances that present a potential conflict of interest

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


The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by Arthroscopy: The Journal of Arthroscopic and Related Surgery along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.