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:

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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.

**Section 3. Relevant financial activities outside the submitted work**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name:    Beatrice      2. Surname    Go
3. Are you the corresponding author?   No
4. Effective Date:  February 28, 2017
5. Manuscript Title:  Arthroscopic Saucerization and All-Inside Repair of a Delaminated Discoid Lateral Meniscus

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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
   _X_No ___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
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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
   _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†___

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3. Employment
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4. Expert testimony
   _X_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
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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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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**
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13. Other (err on the side of full disclosure)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Brian          2. Surname: Forsythe
3. Are you the corresponding author? Yes _X_ No__
4. Effective Date: 2/28/17
5. Manuscript Title: Arthroscopic Saucerization and All-Inside Repair of a Delaminated Discoid Lateral Meniscus

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

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   _X_ No ___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†___

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1. Board membership
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity: Comments___

2. Consultancy
   _No  X Yes, money paid to you ___Yes, money paid to institution* Name of entity: Stryker
   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
   _No _X_ Yes, money paid to you ___Yes, money paid to institution* Name of entity Stryker  Comments_
   Research support

6. Payment for lectures including service on speakers bureaus
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)
   X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

9. Royalties
   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)
    _No X__Yes, money paid to you ___Yes, money paid to institution* Name of entity: Arthrex, Smith and
    Nephew. Comments: Fellowship support

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Section 1. Identifying Information

1. Given Name: Gregory  2. Surname Cvetanovich
3. Are you the corresponding author? No
4. Effective Date: 2/28/17
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Section 1. Identifying Information

1. Given Name:    William      2. Surname    Zuke
3. Are you the corresponding author?   No
4. Effective Date:  2/28/17
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