ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name João Pedro
2. Surname Oliveira
3. Are you the corresponding author? Yes _X_ No ___
4. Effective Date 29-August-2017
5. Manuscript Title Inside-Out Tibial Tunnel Drilling Technique for all-Inside Anterior Cruciate Ligament Reconstruction

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
   _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
   X. No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___

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 ___

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)
    X. No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___

** 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 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.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name José Carlos
2. Surname Noronha
3. Are you the corresponding author? Yes ___ No X
4. Effective Date 29-August-2017
5. Manuscript Title Inside-Out Tibial Tunnel Drilling Technique for all-Inside Anterior Cruciate Ligament Reconstruction

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The International Committee of Medical Journal Editors

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