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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name Graeme  
2. Surname Hopper  
3. Are you the corresponding author? Yes  
4. Effective Date ___4-7-18___  
5. Manuscript Title ___"Posterior Cruciate Ligament Repair with Suture Tape Augmentation"___

**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  
   ___No___ Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments†___

2. Consulting fee or honorarium  
   ___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  
   ___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  
   ___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  
   ___No___ Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments†___

7. Other  
   ___No___ Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments†___

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**Section 3. Relevant financial activities outside the submitted work**
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<td>2. Consultancy</td>
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<td>7. Payment for manuscript preparation</td>
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<td>8. Patents (planned, pending or issued)</td>
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<td>9. Royalties</td>
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<td>11. Stock/stock options</td>
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<td>13. Other (err on the side of full disclosure)</td>
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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?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name Christiaan
2. Surname Heusdens
3. Are you the corresponding author? No
4. Effective Date 2-7-18
5. Manuscript Title “Posterior Cruciate Ligament Repair with Suture Tape Augmentation”

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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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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 Antwerp University Hospital Name of entity_ Research Foundation Flanders (FWO) under reference T001017N __ Comments_Not related to this manuscript__

6. Payment for lectures including service on speakers bureaus
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12. Travel/accommodations/meeting expenses unrelated to activities listed**
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name ___ Lieven ___ 2. Surname ______ Dossche_______________________
3. Are you the corresponding author? No
4. Effective Date ____3-7-18
5. Manuscript Title _“Posterior Cruciate Ligament Repair with Suture Tape Augmentation”

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2. Consultancy
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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___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Gordon 2. Surname: MacKay
3. Are you the corresponding author? No
4. Effective Date ___4-7-2018___
5. Manuscript Title: “Posterior Cruciate Ligament Repair with Suture Tape Augmentation”

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   - 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
   ___No _X Yes, money paid to you ___X No, money paid to institution* Name of entity___ Comments___
   Arthrex Consultant for Teaching

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)
   ___No _X Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
   I do have a patent for the internalBrace

9. Royalties
   _X_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
   No royalties relating to this paper. Royalties relate only to surgical internalBrace kits which are not available for ALL repair or used for this study.

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 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.