ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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 designed to be completed electronically and stored electronically. It contains prompting that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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”.

3. Relevant financial activities outside the submitted work.

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Other: Anything not covered under the previous three bases

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jose Leonardo
2. Surname (Last Name)  Rocha de Faria
3. Date  08-January-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript title
Modified Lemaire Lateral Tenodesis Associated With an Intra-Articular Reconstruction Technique With Bone-Tendon-Bone Graft Using an Adjustable Fixation Mechanism

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) 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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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Rocha de Faria has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Douglas Melo

2. **Surname (Last Name)**
   - Pavão

3. **Date**
   - 08-January-2019

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [ ]

   **Corresponding Author’s Name**
   - José Leonardo Rocha de Faria

5. **Manuscript Title**
   - Modified Lemaire Lateral Tenodesis Associated With an Intra-Articular Reconstruction Technique With Bone-Tendon-Bone Graft Using an Adjustable Fixation Mechanism

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  

- Yes [ ]
- No [ ]

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  

- Yes [ ]
- No [ ]

## Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes [ ]
- No [ ]
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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Section 6. Disclosure Statement

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Dr. Pavão has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. GivenName (First Name)  
   Raphael Sera

2. Surname (Last Name)  
   Cuz

3. Date  
   08-January-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author's Name  
   José Leonardo Rocha de Faria

5. Manuscript Title
   Modified Lemaire Lateral Tenodesis Associated With an Intra-Articular Reconstruction Technique With Bone-Tendon-Bone Graft Using an Adjustable Fixation Mechanism

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
Yes ☑ No

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Yes ☑ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

---Disclosure Statement---

Dr. Cruz has nothing to disclose.

---End of Disclosure Statement---

Evaluation and Feedback

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deSousa 1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Eduardo Branco

2. Surname (Last Name)  
   de Sousa

3. Date  
   08-January-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   José Leonardo Rocha de Faria

5. Manuscript Title  
   Modified Lemaire Lateral Tenodesis Associated With an Intra-Articular Reconstruction Technique With Bone-Tendon-Bone Graft Using an Adjustable Fixation Mechanism

6. Manuscript Identifying Number (if you know it)

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Generate Disclosure Statement

Dr. de Sousa has nothing to disclose.

Evaluation and Feedback

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>João Maurício</td>
<td>Baretto</td>
<td>08-January-2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Are you the corresponding author?</th>
<th>☐ Yes</th>
<th>☑ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corresponding Author's Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>José Leonardo Rocha de Faria</td>
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5. **Manuscript Title**
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

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Dr. Baretto has nothing to disclose.

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