**Section IV**  
Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>John</td>
<td>Swan</td>
<td>03-October-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Johannes Barth

5. Manuscript Title  
Arthroscopic Trillat Procedure: A Guided Technique

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 grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  

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

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Are there any relevant conflicts of interest?  

---

**Section 4.**  
Intellectual Property -- Patents & Copyrights

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

ICMJE Form for

of Potential 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?

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

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Dr. Swan has nothing to disclose.

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Conflicts of Interest

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**ICMJE Form for**

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<td>Pascal</td>
<td>Boileau</td>
<td>03-October-2019</td>
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4. Are you the corresponding author? □ Yes  ✔ No  

**Corresponding Author's Name**

Johannes Barth

5. Manuscript Title

Arthroscopic Trillat Procedure: A Guided Technique

6. Manuscript Identifying Number (if you know it)

**Section 2.**

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Are there any relevant conflicts of interest? □ Yes  ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>Consultant</td>
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**Section 3.**

Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Boileau reports personal fees from Smith and Nephew, during the conduct of the study.

Boileau
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Boileau
ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name)  
2. Surname (Last Name)  
3. Date

Section 1. Identifying Information

| Pascal | Boileau | 03-October-2019 |

4. Are you the corresponding author?  
   - Yes  
   - No

   Corresponding Author's Name  
   Johannes Barth

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Patents & Copyrights

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1. Given Name (First Name)  2. Surname (Last Name)  3. Date Johannes Barth 03-october-2019

Section 1. Identifying Information

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Dr. Barth reports personal fees from Arthrex, personal fees from Move Up, personal fees from SBM, outside the submitted work.

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