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 programming 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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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)  
   Nels

2. Surname (Last Name)  
   Leafblad

3. Date  
   28-June-2020

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

   Corresponding Author's Name  
   Aaron J. Krych

5. Manuscript Title  
   Arthroscopic Centralization of the Extruded Medial Meniscus

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?  
- Yes  
- No

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.  Relationships not covered above

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Section 6.  Disclosure Statement

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Dr. Leafblad has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Patrick
2. Surname (Last Name)  Smith
3. Date  28-June-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Aaron J. Krych

5. Manuscript Title
Arthroscopic Centralization of the Extruded Medial Meniscus

6. Manuscript Identifying Number (if you know it)  

---

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---

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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Dr. Smith reports other from American Orthopaedic Society for Sports Medicine, personal fees from Arthrex, Inc., other from Journal of Knee Surgery, other from Spinal Simplicity, outside the submitted work.

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Section 1: Identifying Information

1. Given Name (First Name)  Aaron
2. Surname (Last Name)  Krych
3. Date  28-June-2020
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Arthroscopic Centralization of the Extruded Medial Meniscus

6. Manuscript Identifying Number (if you know it)

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<td>Board Member</td>
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<td>Arthrex, Inc</td>
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Krych
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## Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Stuart

3. Date  
   28-June-2020

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

   Corresponding Author’s Name  
   Aaron J. Krych

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