ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Julio

2. **Surname (Last Name)**
   - Gali

3. **Date**
   - 17-July-2020

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

5. **Manuscript Title**
   - Capsulooseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach

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

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Dr. Gali has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Julio

2. Surname (Last Name)  
Gali Filho

3. Date  
17-July-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Julio Cesar Gali

5. Manuscript Title  
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Dr. Gali Filho has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Marcos

2. Surname (Last Name)  
   Marques

3. Date  
   17-July-2020

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

Corresponding Author's Name  
Julio Cesar Gali

5. Manuscript Title  
Capsulo-osseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach

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Dr. Marques has nothing to disclose.

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Tyago

2. Surname (Last Name)  
Almeida

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Corresponding Author's Name  
Julio Cesar Gali

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Dr. Almeida has nothing to disclose.

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<tbody>
<tr>
<td>Phelipe</td>
<td>da Silva</td>
<td>17-July-2020</td>
</tr>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author's Name  
Julio Cesar Gali

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Dr. da Silva has nothing to disclose.

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Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally (but not always) paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)  
   Robert

2. Surname (Last Name)  
   LaPrade

3. Date  
   17-July-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Julio Cesar Gali

5. Manuscript Title  
   Capsulo-osseous Layer Retensioning and Distal Kaplan Fibers Surgical Reconstruction: A Proposed Anatomical Lateral Extra-articular Tenodesis Approach

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?  
   ☑ 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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

**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?

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

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

**Section 6. Disclosure Statement**

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

Dr. LaPrade reports grants and personal fees from Arthrex, from International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine, from Knee Surgery, Sports Traumatology, Arthroscopy, grants and personal fees from Ossur, grants and personal fees from Smith & Nephew, from null, outside the submitted work.

**Evaluation and Feedback**

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.

LaPrade