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.

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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

Floyd
Section 1. Identifying Information

1. Given Name (First Name)  Edward
2. Surname (Last Name)  Floyd
3. Date  08-December-2020

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

5. Manuscript Title
   Multiple Ligament Reconstructions of the Knee and Posterolateral Corner

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.)?

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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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Dr. Floyd has nothing to disclose.

Evaluation and Feedback

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Gregory</td>
<td>Carlson</td>
<td>08-December-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   □ Yes  √ No  
   Corresponding Author's Name  
   Robert LaPrade

5. Manuscript Title  
   Multiple Ligament Reconstructions of the Knee and Posterolateral Corner

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

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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
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Dr. Carlson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jill
2. Surname (Last Name)  Monson
3. Date  08-December-2020

4. Are you the corresponding author?  Yes  No  Corresponding Author's Name  Robert LaPrade

5. Manuscript Title  Multiple Ligament Reconstructions of the Knee and Posterolateral Corner

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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Monson
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Dr. Monson has nothing to disclose.

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1. Given Name (First Name)
   Robert

2. Surname (Last Name)
   LaPrade

3. Date
   08-December-2020

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

5. Manuscript Title

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If yes, please fill out the appropriate information below.

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