ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, scholarly books, 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.

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

Royalties: Funds are coming into 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)  
   Arciero

3. Date  
   17-September-2021

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author's Name  
   Matthew LeVasseur, MD

5. Manuscript Title  
   Knee Medial Collateral Ligament Augmentation with BioBrace™: Surgical Technique and Indications

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.)?  
Yes  
No

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

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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<tr>
<td>Arthrex, Inc.</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>Dr. Arciero receives educational and research funding from Arthrex, Inc.</td>
</tr>
<tr>
<td>Don-Joy</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Dr. Arciero receives educational and research funding from Don-Joy.</td>
</tr>
<tr>
<td>BioBrace</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Dr. Arciero is a consultant for BioBrace.</td>
</tr>
<tr>
<td>Smith &amp; Nephew</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Dr. Arciero is a consultant for Smith &amp; Nephew.</td>
</tr>
</tbody>
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Arciero
ICMJE Form for Disclosure of Potential 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

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

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

Generate Disclosure Statement

Dr. Arciero reports grants and non-financial support from Arthrex, Inc., grants and non-financial support from Don-Joy, personal fees from Biomet, personal fees from Smith & Nephew, outside the submitted work.

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)  
   Patrick
2. Surname (Last Name)  
   Garvin
3. Date  
   17-September-2021
4. Are you the corresponding author?  
   Yes [ ]  No [x]  
   Corresponding Author's Name  
   Matthew LeVasseur, MD
5. Manuscript Title  
   Knee Medial Collateral Ligament Augmentation with BioBrace™: Surgical Technique and Indications
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Garvin has nothing to disclose.

Evaluation and Feedback

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LeVasseur
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Matthew
2. Surname (Last Name)  LeVasseur
3. Date  17-September-2021
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Knee Medial Collateral Ligament Augmentation with BioBrace™: Surgical Technique and Indications
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Are there any relevant conflicts of interest?  Yes  No

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Dr. LeVasseur has nothing to disclose.

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</tr>
</tbody>
</table>
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Section 1. Identifying Information
1. Given Name (First Name)  
Sean  
2. Surname (Last Name)  
McMillan  
3. Date  
17-September-2021  
4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Matthew LeVasseur, MD
5. Manuscript Title  
Knee Medial Collateral Ligament Augmentation with BioBrace™: Surgical Technique and Indications
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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

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<th>Grant?</th>
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<th>Non-Financial Support?</th>
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<td>Deputy</td>
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<td>☐</td>
<td>Dr. McMillan is a consultant for Deputy.</td>
</tr>
<tr>
<td>Mitek</td>
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<td></td>
<td>☐</td>
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</tr>
<tr>
<td>Biorez</td>
<td></td>
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<td></td>
<td>✔</td>
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McMillan
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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Colin

2. **Surname (Last Name)**  
   Uyeki

3. **Date**  
   17-September-2021

4. **Are you the corresponding author?**  
   Yes [ ] No [x]  
   **Corresponding Author's Name**  
   Matthew LeVasseur, MD

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

## Section 2. The Work Under Consideration for Publication

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