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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<tbody>
<tr>
<td>Guido</td>
<td>Wierer</td>
<td>09-January-2022</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
Gracilis Tenodesis: a Modified Lind Procedure for Anteromedial Knee Instability

6. Manuscript Identifying Number (if you know it)

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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?  
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Dr. Wierer has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**  
   07-February-2022

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

   **Corresponding Author's Name**  
   Guido Wierer

5. **Manuscript Title**  
   Gracilis Tenodesis: a Modified Lind Procedure for Anteromedial Knee Instability

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

## Section 2. The Work Under Consideration for Publication

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Dr. Kittl has nothing to disclose.

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1. Given Name (First Name)       2. Surname (Last Name)       3. Date
Christian                                     Fink                               08-February-2022

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

5. Manuscript Title
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ADD

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Andreas

2. Surname (Last Name)  
   Weiler

3. Date  
   09-January-2022

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

   Corresponding Author’s Name  
   Guido Wierer

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