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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name Eric___________________
2. Surname Choudja Ouabo_______________
3. Are you the corresponding author? Yes _X_ No__
4. Effective Date ______ 20/06/ 2022_____________________

5. Manuscript Title: Combined Medial Meniscus Allograft Transplantation and Open Wedge High Tibial Osteotomy using Patient Specific Instrumentation guide

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Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

_X_ YES ___ money paid to you ___ money paid to institution* Name of entity__Newclip__
Comments†___ Only For supporting part of submission fees of Arthroscopy techniques

2. Consulting fee or honorarium

_X_ No ___ money paid to you ___ money paid to institution* Name of entity__ Comments†___

3. Support for travel to meetings for the study or other purposes

_X_ No __ money paid to you ___ money paid to institution* Name of entity__ Comments†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

_X_ No ___ money paid to you ___ money paid to institution* Name of entity__ Comments†___

5. Payment for writing or reviewing the manuscript

_X_ No ___ money paid to you ___ money paid to institution* Name of entity__ Comments†___

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1. Board membership
   X__No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

2. Consultancy
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3. Employment
   __X_No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

4. Expert testimony
   _X__No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
   __X_No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus
   _X_No ___, money paid to you ___ money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation
   __X_No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)
   _X_No ___, money paid to you ___ money paid to institution* Name of entity___ Comments___

9. Royalties
   __X_No ___ money paid to you ___ money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations
    __X_No ___, money paid to you ___ money paid to institution* Name of entity___ Comments___

11. Stock/stock options
    _X__No ___, money paid to you ___ money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    _X__No ___, money paid to you ___ money paid to institution* Name of entity___ Comments___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name __Sylvain_________________ 2. Surname _______Aubret________________
3. Are you the corresponding author? ___ No__X_
4. Effective Date ______ 20/06/2022_________________
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1. Grant
_X_ No ___ money paid to you ___, money paid to institution* Name of entity__ Comments†___

2. Consulting fee or honorarium
_X_ No ___ money paid to you ___, money paid to institution* Name of entity__ Comments†___

3. Support for travel to meetings for the study or other purposes
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1. Board membership
   
   X__No___, money paid to you ____, money paid to institution* Name of entity___ Comments___

2. Consultancy
   
   _No__ X__, money paid to you ___, money paid to institution* Name of entity Arthrex Comments___

3. Employment
   
   ___X_No___, money paid to you ___, money paid to institution* Name of entity___ Comments___

4. Expert testimony
   
   _X__No___, money paid to you ___, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending
   
   ___X_No___, money paid to you ___, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus
   
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8. Patents (planned, pending or issued)
   
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9. Royalties
   
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10. Payment for development of educational presentations
    
    ___X_No___ money paid to you ___, money paid to institution* Name of entity___ Comments___

11. Stock/stock options
    
    ___X_No___ money paid to you ___, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name  Cédric
2. Surname  Ngbilo
3. Are you the corresponding author?  No
4. Effective Date  20/06/2022
5. Manuscript Title  Combined Medial Meniscus Allograft Transplantation and Open Wedge High Tibial Osteotomy using Patient Specific Instrumentation guide.

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   _X_ No, money paid to you, money paid to institution* Name of entity Comments†

2. Consulting fee or honorarium
   _X_ No, money paid to you, money paid to institution* Name of entity Comments†

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   X__No ___, money paid to you ___, money paid to institution* Name of entity ____ Comments __

2. Consultancy
   _No _X_, money paid to you X_, money paid to institution* Name of entity Arthrex Comments ___

3. Employment
   __X__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity ___ Comments ___

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Section 1. Identifying Information
1. Given Name ______________ 2. Surname ______________
3. Are you the corresponding author? ___ No ___
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   _X_No___, money paid to you ___ money paid to institution* Name of entity ___ Comments†___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name __ Brigitte __________ 2. Surname ________ Neyret_____________
3. Are you the corresponding author? ___ No __ X
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   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

3. Employment
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

4. Expert testimony
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

5. Grants/grants pending
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

6. Payment for lectures including service on speakers bureaus
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

7. Payment for manuscript preparation
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

8. Patents (planned, pending or issued)
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

9. Royalties
   \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

10. Payment for development of educational presentations
    \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

11. Stock/stock options
    \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

12. Travel/accommodations/meeting expenses unrelated to activities listed**
    \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

13. Other (err on the side of full disclosure)
    \(\_X\) No \(\), money paid to you \(\), money paid to institution* Name of entity\(\) Comments\(\)

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships

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?

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

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

The International Committee of Medical Journal Editors

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by *Arthroscopy: The Journal of Arthroscopic and Related Surgery* along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.