anssiCMJE DISCLOSURE FORM

Date:	1/3/2023
Your Name:	Anssi Arimaa
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018
Manuscript Number (if known):	16589

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month.	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/3/2023
Your Name:	Inari Laaksonen
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018
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Date:	1/3/2023
Your Name:	Jani Knifsund
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018
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Date:	1/3/2023
Your Name:	Petteri Lankinen
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018
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Date:	1/3/2023	
Your Name:	Tommi Salminen	
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018	
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Date:	1/3/2023
Your Name:	Ville Kytö
Manuscript Title:	Anterior Cruciate Ligament Reconstruction and Concomitant Procedures in Finland between 2004 and 2018
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