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.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

5. Relationships not covered above.

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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 in to 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)
   Jonathan

2. Surname (Last Name)
   Isaacs

3. Date
   01-November-2013

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

5. Manuscript Title
   Consequences of Nerve to Nerve Tube Diameter Mismatch

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.)?

Are there any relevant conflicts of interest?    ☐ Yes    ✔ No

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Are there any relevant conflicts of interest?    ✔ Yes    ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AxoGen, Inc</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Have received paid travel and speaker fees</td>
</tr>
<tr>
<td>AxoGen, Inc.</td>
<td>☐</td>
<td>☐</td>
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<td>✔</td>
<td>Have received consultant fees</td>
</tr>
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<td>IntergraLifeScience, Inc.</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>Provided the nerve conduits used in this study</td>
</tr>
</tbody>
</table>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

Section 5. Relationships not covered above

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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.

Dr. Isaacs reports other from AxoGen, Inc, other from AxoGen, Inc., non-financial support from IntergraLifeScience, Inc., outside the submitted work; .

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Wo

2. Surname (Last Name)  
   Yan

3. Date  
   01-November-2013

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

   Corresponding Author’s Name  
   Jonathan Isaacs

5. Manuscript Title  
   Consequences of Nerve to Nerve Tube Diameter Mismatch

6. Manuscript Identifying Number (if you know it)

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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Yan has nothing to disclose.

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

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

3. **Date**  
   01-November-2013

4. **Are you the corresponding author?**  
   Yes

5. **Manuscript Title**  
   Consequences of Nerve to Nerve Tube Diameter Mismatch

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

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1. Given Name (First Name)  
Barrett

2. Surname (Last Name)  
Little

3. Date  
01-November-2013

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

Corresponding Author’s Name  
Jonathan Isaacs

5. Manuscript Title  
Consequences of Nerve to Nerve Tube Diameter Mismatch

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