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.

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</thead>
<tbody>
<tr>
<td>Robert</td>
<td>LaPrade</td>
<td>28-December-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: George Muschler

5. Manuscript Title

Intra-articular Cell Therapy Injection for Knee Osteoarthritis and Focal Cartilage Defects: Systematic Review of the Literature and Study Quality Analysis

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**

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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

<table>
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Dr. LaPrade reports personal fees from Arthrex, personal fees from Smith and Nephew, personal fees from Ossur, grants from Health East, Norway, grants from NIH R-13 grant for biologics, outside the submitted work; In addition, Dr. LaPrade has a patent Ossur pending, a patent Smith and Nephew pending, a patent Ossur with royalties paid, a patent Smith and Nephew with royalties paid, and a patent Arthrex with royalties paid.
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<tr>
<td>Jorge</td>
<td>Chahla</td>
<td>28-December-2015</td>
</tr>
</tbody>
</table>

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

- Corresponding Author’s Name
  - George Muschler

5. Manuscript Title
   Intra-articular Cell Therapy Injection for Knee Osteoarthritis and Focal Cartilage Defects: Systematic Review of the Literature and Study Quality Analysis

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Dr. Chahla has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Chase

2. Surname (Last Name)  
Dean

3. Date  
27-December-2015

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

Corresponding Author’s Name  
George F. Muschler

5. Manuscript Title  
Intra-articular Cell Therapy Injection for Knee Osteoarthritis and Focal Cartilage Defects: Systematic Review of the Literature and Study Quality Analysis

6. Manuscript Identifying Number (if you know it)

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Dr. Dean has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cecilia
2. Surname (Last Name) Pascual-Garrido
3. Date 28-December-2015
4. Are you the corresponding author? Yes ✔ No
   Corresponding Author’s Name George Muschler
5. Manuscript Title
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Mitchell
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Justin

2. Surname (Last Name)  
   Mitchell

3. Date  
   28-December-2015

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

   Corresponding Author’s Name  
   George Muschler

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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”.

3. Relevant financial activities outside the submitted work.

   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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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Definitions.

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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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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)  George
2. Surname (Last Name) Muschler
3. Date 27-December-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   Intra-articular Cell Therapy Injection for Knee Osteoarthritis and Focal Cartilage Defects: Systematic Review of the Literature and Study Quality Analysis

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Muschler has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Nicolas</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Piuzzi</td>
</tr>
<tr>
<td>3. Date</td>
<td>26-December-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
George F. Muschler

5. Manuscript Title
Intra-articular Cell Therapy Injection for Knee Osteoarthritis and Focal Cartilage Defects: Systematic Review of the Literature and Study Quality Analysis

6. Manuscript Identifying Number (if you know it)

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