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”.

3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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)**
   - Peter

2. **Surname (Last Name)**
   - Amadio

3. **Date**
   - 06-October-2014

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

   **Corresponding Author’s Name**
   - Chunfeng Zhao, M.D.

5. **Manuscript Title**
   - Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

## 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

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.

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- Yes ✗ No

## 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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Dr. Amadio reports grants from NIH, during the conduct of the study;

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An
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

| 1. Given Name (First Name) | Kai-Nan |
| 2. Surname (Last Name)     | An      |
| 3. Date                    | 06-October-2014 |

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

Corresponding Author’s Name  
Chunfeng Zhao, M.D.

5. Manuscript Title  
Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

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Are there any relevant conflicts of interest?  
- Yes [ ]  
- No [X]

**Section 3. Relevant financial activities outside the submitted work.**

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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 [X]
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Dr. An has nothing to disclose.

Evaluation and Feedback

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Berglund
Section 1. Identifying Information

1. Given Name (First Name)
   Lawrence

2. Surname (Last Name)
   Berglund

3. Date
   06-October-2014

4. Are you the corresponding author?
   ✔ No

   Corresponding Author’s Name
   Chunfeng Zhao, M.D.

5. Manuscript Title
   Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

6. Manuscript Identifying Number (if you know it)
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Mr. Berglund has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Gregory

2. **Surname (Last Name)**
   - Jay

3. **Date**
   - 06-October-2014

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

5. **Manuscript Title**
   - Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

## Section 2. The Work Under Consideration for Publication

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- Yes
- No

## Section 3. Relevant financial activities outside the submitted work.

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**Are there any relevant conflicts of interest?**

- Yes
- No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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</table>

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? **Are there any relevant conflicts of interest?**

- Yes
- No

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Dr. Jay has licensed patents relating to PRG4 to Lubris, LLC. Dr. Jay is the PI of a Phase II NIH STTR supporting the commercialization of PRG4.

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Ji
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Xiaoxi
2. Surname (Last Name)  Ji
3. Date  06-October-2014
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Chunfeng Zhao, M.D.
5. Manuscript Title  Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model
6. Manuscript Identifying Number (if you know it)  NA

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Ji has nothing to disclose.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Steven
2. Surname (Last Name)  Moran
3. Date  06-October-2014
4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Chunfeng Zhao, M.D.

5. Manuscript Title  Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Moran has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ramona
2. Surname (Last Name)  Reisdorf
3. Date  06-October-2014

4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

Section 2. The Work Under Consideration for Publication

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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?  ☑ No
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Section 6. Disclosure Statement

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Ms. Reisdorf has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Andrew

2. **Surname (Last Name)**
   - Thoreson

3. **Date**
   - 06-October-2014

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

5. **Manuscript Title**
   - Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model

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

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- Yes
- No

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

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Mr. Thoreson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chunfeng
2. Surname (Last Name) Zhao
3. Date 06-October-2014
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title
Surface Modification With Chemically Modified Synovial Fluid for Flexor Tendon Reconstruction in an In Vivo Canine Model
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Dr. Zhao has nothing to disclose.

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