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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

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

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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

Chahla
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jorge
2. Surname (Last Name)  Chahla
3. Date  04-November-2016
4. Are you the corresponding author?  Yes  ✔ No

5. Manuscript Title
   A Call for Standardization in Platelet-Rich Plasma Preparation Protocols and Composition Reporting: A Systematic Review of the Clinical Orthopaedic Literature

6. Manuscript Identifying Number (if you know it)

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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Are there any relevant conflicts of interest?  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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**Section 5. Relationships not covered above**

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- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Chahla has nothing to disclose.

**Evaluation and Feedback**

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<tr>
<td>Mark</td>
<td>Cinque</td>
<td>04-November-2016</td>
</tr>
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</table>

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

Corresponding Author's Name  
Robert F. LaPrade

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[ ] No

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<tr>
<td>Grant</td>
<td>Dornan</td>
<td>04-November-2016</td>
</tr>
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4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Robert F. LaPrade

5. Manuscript Title  
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Dr. Dornan 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)
   Andrew

2. Surname (Last Name)
   Geeslin

3. Date
   04-November-2016

4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author’s Name
   Robert F. LaPrade

5. Manuscript Title
   A Call for Standardization in Platelet-Rich Plasma Preparation Protocols and Composition Reporting: A Systematic Review of the Clinical Orthopaedic Literature

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Dr. Geeslin has nothing to disclose.

Evaluation and Feedback

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Dr. LaPrade reports other from Arthrex, other from Smith and Nephew, other from Ossur, other from Siemans, during the conduct of the study; 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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1. Given Name (First Name)  
   Sandeep  

2. Surname (Last Name)  
   Mannava  

3. Date  
   04-November-2016  

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   Robert F. LaPrade  

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Iain</td>
<td>Murray</td>
<td>04-November-2016</td>
</tr>
</tbody>
</table>

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

- Corresponding Author's Name: Robert F. LaPrade

5. Manuscript Title  
A Call for Standardization in Platelet-Rich Plasma Preparation Protocols and Composition Reporting: A Systematic Review of the Clinical Orthopaedic Literature

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Murray has nothing to disclose.

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1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.
6. Definitions.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nicolas

2. Surname (Last Name)  
Piuzzi

3. Date  
04-November-2016

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

Corresponding Author’s Name  
Robert F. LaPrade

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Dr. Piuzzi has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Muschler

3. Date  
   04-November-2016

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   [ ] Yes  [X] No

   Corresponding Author’s Name  
   Robert F LaPrade

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1. Given Name (First Name)  Robert
2. Surname (Last Name)  LaPrade
3. Date  04-November-2016
4. Are you the corresponding author?  ✔ Yes  No

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