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.

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

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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 31-March-2017
4. Are you the corresponding author? Yes
5. Manuscript Title
Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders
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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</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? Yes

Muschler
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Muschler reports and Dr. Muschler receives funding from NIH and the Department of Defense. He serves as a consultant to FDA and NIH, and receives funding from a research agreement with Fortus.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   LaPrade

3. Date  
   28-September-2017

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

5. Manuscript Title  
   “Variability in the Preparation, Reporting, and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders. A Systematic Review of the Clinical Orthopaedic Literature.”

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   ☐ No

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Dr. LaPrade reports grants and other from Arthrex, grants and other from Ossur, grants and other from Smith and Nephew, outside the submitted work.

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1. Given Name (First Name) Jorge
2. Surname (Last Name) Chahla
3. Date 31-March-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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Dr. Chahla 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)  
   Mark

2. Surname (Last Name)  
   Cinque

3. Date  
   31-March-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Robert LaPrade

5. Manuscript Title  
   Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders  
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<tr>
<td>2. Surname (Last Name)</td>
<td>Hussain</td>
</tr>
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<td>3. Date</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

Corresponding Author’s Name  
Robert LaPrade

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
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- No  
   ✔ No

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- No  
   ✔ No
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Dr. Hussain has nothing to disclose.

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Venkata

2. Surname (Last Name)  
Mantripragada

3. Date  
31-March-2017

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

5. Manuscript Title  
Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders  
A Systematic Review of the Clinical Orthopaedic literature

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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☐ 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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Mantripragada 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.

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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1. Given Name (First Name)  
   Gilbert

2. Surname (Last Name)  
   Moatshe

3. Date  
   31-March-2017

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   □ Yes  ✔ No

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   Robert LaPrade

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1. Given Name (First Name)  
Nicolas

2. Surname (Last Name)  
Piuzzi

3. Date  
31-March-2017

4. Are you the corresponding author?  
Yes  No

   Corresponding Author’s Name  
  Robert LaPrade

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