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.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Jan

2. Surname (Last Name)  
   Geurts

3. Date  
   02-November-2017

4. Are you the corresponding author?  
   [☑] Yes  
   [ ] No  
   Corresponding Author’s Name  
   T.A.G. van Vugt

5. Manuscript Title  
   Antibiotic-releasing collagen fleeces in clinical treatment of chronic osteomyelitis: a systematic review

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01140

## 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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.  
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[☑] 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>Board member BonAlive Biomaterials</td>
<td>[ ]</td>
<td>[☑]</td>
<td>[☑]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

Materials in kind for (pre)clinical studies and consultancy fee for advice on biomaterials paid to hospital not to person.

## 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. Geurts reports personal fees and non-financial support from Board member BonAlive Biomaterials, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Chris
2. Surname (Last Name)  Arts
3. Date  02-November-2017
4. Are you the corresponding author?  No
5. Manuscript Title
Antibiotic-releasing collagen fleeces in clinical treatment of chronic osteomyelitis: a systematic review
6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01140

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.)?  No

Are there any relevant conflicts of interest?  No

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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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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Materials in kind for in vitro studies and consultancy fee for advice and training on biomaterials paid to hospital not to person.</td>
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<tr>
<td>Hereaus</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Consultancy fee for training on biomaterials paid to hospital not to person.</td>
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</table>
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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>
<thead>
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<tbody>
<tr>
<td>antimicrobial coating chemistry</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td>Maastricht University, DSM Biomedical</td>
<td>Not related to this research</td>
</tr>
</tbody>
</table>

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Dr. Arts reports personal fees and non-financial support from Research support BonAlive Biomaterials, personal fees and non-financial support from DSM biomedical, personal fees from Hereaus, outside the submitted work; In addition, Dr. Arts has a patent antimicrobial coating chemistry issued to Maastricht University, DSM Biomedical.
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</tr>
</thead>
<tbody>
<tr>
<td>Joep</td>
<td>Walraven</td>
<td>02-November-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
T.A.G. van Vugt

5. Manuscript Title  
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Dr. Walraven has nothing to disclose.

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## Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - van Vugt

3. **Date**
   - 16-August-2017

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

5. **Manuscript Title**
   - Antibiotic-releasing collagen fleeces in clinical treatment of chronic osteomyelitis: a systematic review

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