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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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Riley

2. Surname (Last Name)  
   Williams

3. Date  
   07-November-2017

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

   Corresponding Author’s Name  
   Tim Wang

5. Manuscript Title  
   Clinical and MRI Outcomes of Fresh Osteochondral Allograft Transplantation after Failed Cartilage Repair Surgery in the Knee

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>Publishing royalties, financial or material support</td>
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☐ Yes  ☑ No

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Dr. Williams reports other from Aperion Inc. and, R2T2 Laboratories Inc.; other from Arthrex, Inc.; other from Cymedica Inc.; other from Histogenics Inc.; Zimmer; other from J. Robert Gladden Society.; other from R2T2 Laboratories Inc.; other from Springer.; outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alissa

2. Surname (Last Name)  
   Burge

3. Date  
   07-November-2017

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Tim Wang

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Dr. Burge has nothing to disclose.

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<tr>
<td>Dean</td>
<td>Wang</td>
<td>07-November-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Tim Wang

5. Manuscript Title
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1. Given Name (First Name)  
   Blake
2. Surname (Last Name)  
   Kushwaha
3. Date  
   07-November-2017
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No
   Corresponding Author's Name  
   Tim Wang
5. Manuscript Title  
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1. Given Name (First Name)  
   Mollyann

2. Surname (Last Name)  
   Pais

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   Tim Wang

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Pais has nothing to disclose.

Evaluation and Feedback
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Evaluation and Feedback

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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.

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.

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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)  Scott
2. Surname (Last Name)  Rodeo
3. Date  07-November-2017
4. Are you the corresponding author?  
   ✔ Yes  ☐ No
Corresponding Author’s Name  Tim Wang
5. Manuscript Title
   Clinical and MRI Outcomes of Fresh Osteochondral Allograft Transplantation after Failed Cartilage Repair Surgery in the Knee
6. Manuscript Identifying Number (if you know it)

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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
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Rodeo reports other from Joint restoration Foundation, other from Ortho RTI, other from Rotation Medical: , outside the submitted work; .

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1. Given Name (First Name)  
   Tim  
2. Surname (Last Name)  
   Wang  
3. Date  
   07-November-2017  
4. Are you the corresponding author?  
   ✔ Yes  
   No  

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