ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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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
## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Mark Carl

2. **Surname (Last Name)**  
   Miller

3. **Date**  
   14-March-2018

4. **Are you the corresponding author?**  
   [ ] Yes  
   [x] No  
   **Corresponding Author's Name**  
   Peter Tang, MD

5. **Manuscript Title**  
   Matched-Diameter Decellular Nerve Allograft and Cable Autograft Provides Equivalent Outcomes in a Rat Defect Model

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

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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<td>✔️</td>
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[ ] No
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Dr. Miller reports grants and other from AxoGen, Inc, during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Daniel  
2. Surname (Last Name)  
   Whiteman  
3. Date  
   13-March-2018  
4. Are you the corresponding author?  
   Yes  ✔ No  
5. Manuscript Title  
   Matched-Diameter Decellular Nerve Allograft and Cable Autograft Provide Equivalent Outcomes in a Rat Defect Model  
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1. Given Name (First Name)  
   Hongkyun

2. Surname (Last Name)  
   Kim

3. Date  
   14-March-2018

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

Corresponding Author’s Name  
Peter Tang

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Dr. Kim has nothing to disclose.

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1. Given Name (First Name)  
   Peter  

2. Surname (Last Name)  
   Tang  

3. Date  
   03-April-2018  

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

5. Manuscript Title  
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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

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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<td>AxoGen, Inc</td>
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<td>AxoGen funded the study with an institutional grant. The study and analysis was done independent of AxoGen. AxoGen also provided the decellular nerve allograft at no cost.</td>
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Section 3. Relevant financial activities outside the submitted work.

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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Dr. VOIGT reports grants and other from AxoGen, Inc, during the conduct of the study; .

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