

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shadpour

2. Surname (Last Name) Demehri

3. Date 12-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Bashir Zikria

5. Manuscript Title Image-Guided Chondrocyte Harvesting for Autologous Chondrocyte Implantation: Initial Feasibility Study with Human Cadaveric and Pilot Clinical Experience

6. Manuscript Identifying Number (if you know it) JBJSOA-D-18-00039

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
VariCel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VariCel provided funding for this study. The funding sources did not play a role in the investigation.

Section 3. Relevant financial activities outside the submitted work.

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Dr. Demehri reports grants from VariCel, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)
Bashir

2. Surname (Last Name)
Zikria

3. Date
12-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Image-Guided Chondrocyte Harvesting for Autologous Chondrocyte Implantation: Initial Feasibility Study with Human Cadaveric and Pilot Clinical Experience

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Dr. Zikria reports grants from VariCel, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Arya	2. Surname (Last Name) Haj-Mirzaian	3. Date 12-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bashir Zikria
5. Manuscript Title Image-Guided Chondrocyte Harvesting for Autologous Chondrocyte Implantation: Initial Feasibility Study with Human Cadaveric and Pilot Clinical Experience		
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Dr. Haj-Mirzaian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alex	2. Surname (Last Name) Johnson	3. Date 12-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bashir Zikria
5. Manuscript Title Image-Guided Chondrocyte Harvesting for Autologous Chondrocyte Implantation: Initial Feasibility Study with Human Cadaveric and Pilot Clinical Experience		
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Dr. Johnson has nothing to disclose.

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1. Given Name (First Name) Ian	2. Surname (Last Name) Patten	3. Date 12-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bashir Zikria
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4. Intellectual Property.

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) James	2. Surname (Last Name) Ficke	3. Date 12-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bashir Zikria
5. Manuscript Title Image-Guided Chondrocyte Harvesting for Autologous Chondrocyte Implantation: Initial Feasibility Study with Human Cadaveric and Pilot Clinical Experience		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-18-00039		

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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Dr. Ficke has nothing to disclose.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) John	2. Surname (Last Name) Wilckens	3. Date 12-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Bashir Zikria
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1. Given Name (First Name) Nima	2. Surname (Last Name) Hafezi-Nejad	3. Date 12-November-2018
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