ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Nicholas

2. Surname (Last Name)  
   Capito

3. Date  
   07-January-2016

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

Corresponding Author’s Name
Matthew J. Smith

5. Manuscript Title
Osteochondral Allografts in Shoulder Surgery

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

### 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. Capito has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Seth

2. Surname (Last Name)  
   Sherman

3. Date  
   06-January-2016

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

   Corresponding Author’s Name  
   Matthew J. Smith

5. Manuscript Title  
   Osteochondral Allografts in Shoulder Surgery

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

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
---|---|---|---|---|---
Regeneration Technologies, Inc. | ☐ | ☑ | ☐ | ☐ | Paid consultant

Section 4. **Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Section 5. **Relationships not covered above**

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Section 6. **Disclosure Statement**

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Dr. Sherman reports other from ACL Study Group, other from American Journal of Orthopedics, other from American Orthopaedic Society for Sports Medicine, grants and personal fees from Arthrex, Inc., other from Arthroscopy, other from Arthroscopy Association of North America, personal fees from Neotis, and personal fees from Regeneration Technologies, Inc., outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Smith
3. Date 06-January-2016
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title Osteochondral Allografts in Shoulder Surgery
6. Manuscript Identifying Number (if you know it)

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Smith
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1. Given Name (First Name)  
Brett

2. Surname (Last Name)  
Owens

3. Date  
17-February-2016

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

Corresponding Author’s Name  
Matthew J. Smith

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Owens
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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

### 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):  
✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 6. Disclosure Statement**

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

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<thead>
<tr>
<th>Disclosure Statement</th>
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<tr>
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