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)  
   David
2. Surname (Last Name)  
   Fralinger
3. Date  
   31-August-2015
4. Are you the corresponding author?  
   ✔ Yes  ☐ No
5. Manuscript Title  
   The indications and uses of Orthobiologics in Sports Medicine: A Review of Clinical Trials
6. Manuscript Identifying Number (if you know it)

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Dr. Fralinger has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Laith

2. Surname (Last Name)  
Jazrawi

3. Date  
31-August-2015

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
David Fralinger

5. Manuscript Title  
The indications and uses of Orthobiologics in Sports Medicine: A Review of Clinical Trials

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Jazrawi has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kaplan</td>
</tr>
<tr>
<td>3. Date</td>
<td>31-August-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>The indications and uses of Orthobiologics in Sports Medicine: A Review of Clinical Trials</td>
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<td></td>
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Are there any relevant conflicts of interest? □ Yes □ No

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Dr. Kaplan has nothing to disclose.

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1. Given Name (First Name)  
   Eric  
2. Surname (Last Name)  
   Strauss  
3. Date  
   31-August-2015  
4. Are you the corresponding author?  
   Yes  ✔  No  
   Corresponding Author’s Name  
   David Fralinger  
5. Manuscript Title  
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Dr. Strauss has nothing to disclose.

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Weinberg
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maxwell</td>
<td>Weinberg</td>
<td>31-August-2015</td>
</tr>
</tbody>
</table>

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

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Dr. Weinberg has nothing to disclose.

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