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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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)  
   Nicholas

2. Surname (Last Name)  
   Early

3. Date  
   10-May-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   David Flanigan

5. Manuscript Title  
   Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Early has nothing to disclose.

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<thead>
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<td>Joshua</td>
<td>Everhart</td>
<td>10-May-2017</td>
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4. Are you the corresponding author? [ ] Yes  ✔ No

Corresponding Author’s Name
David Flanigan

5. Manuscript Title
Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes

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Dr. Everhart has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name)  
   David
2. Surname (Last Name)  
   Flanigan
3. Date  
   10-May-2017
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
   Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes
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   No
If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Flanigan reports personal fees from Zimmer, personal fees from DePuy Mitek, personal fees from Vericel, personal fees from Conmed, personal fees from Smith & Nephew, outside the submitted work.

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   Michael

2. Surname (Last Name)  
   Krill

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   10-May-2017

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