

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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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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**Other:** Anything not covered under the previous three boxes

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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) David      2. Surname (Last Name) Flanigan      3. Date 27-December-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Osteochondral Allograft (OCA) Transplantation for Knee Cartilage and Osteochondral Defects: A Review of Indications, Technique, Rehabilitation, and Outcomes

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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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**.

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Depuy Mitek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Vericel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Ceterix Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Conmed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Histogenics Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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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

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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. Flanigan reports personal fees from Zimmer, personal fees from Depuy Mitek, personal fees from Smith & Nephew, personal fees from Vericel, personal fees from Ceterix Orthopaedics, personal fees from Conmed, personal fees from Histogenics Corporation, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Parker	2. Surname (Last Name) Cavendish	3. Date 16-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Flanigan
5. Manuscript Title Osteochondral Allograft (OCA) Transplantation for Knee Cartilage and Osteochondral Defects: A Review of Indications, Technique, Rehabilitation, and Outcomes		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Mr. Cavendish has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Everhart

3. Date

16-November-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David Flanigan

5. Manuscript Title

Osteochondral Allograft (OCA) Transplantation for Knee Cartilage and Osteochondral Defects: A Review of Indications, Technique, Rehabilitation, and Outcomes

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Dr. Everhart 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) Nicholas	2. Surname (Last Name) Peters	3. Date 16-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Flanigan
5. Manuscript Title Osteochondral Allograft (OCA) Transplantation for Knee Cartilage and Osteochondral Defects: A Review of Indications, Technique, Rehabilitation, and Outcomes		
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Dr. Peters has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Sommerfeldt

3. Date  
16-November-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Flanigan

5. Manuscript Title  
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