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)  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

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

☐ Yes  ✔ No

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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.

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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?  
No
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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Mr. Cavendish has nothing to disclose.

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**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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<td>Peters</td>
<td>16-November-2018</td>
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</table>

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

Corresponding Author’s Name
David Flanigan

5. Manuscript Title
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Dr. Peters has nothing to disclose.

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1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Sommerfeldt

3. Date  
16-November-2018

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☑ Yes  
☐ No

Corresponding Author’s Name  
David Flanigan

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Dr. Sommerfeldt has nothing to disclose.

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