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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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- **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)  Michael
2. Surname (Last Name)  Cooley
3. Date  12-June-2019
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions
6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00054

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?  ✔ No

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Are there any relevant conflicts of interest?  ✔ No

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Dr. Cooley has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Connor

2. Surname (Last Name)  
   Sullivan

3. Date  
   01-April-2019

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title
   Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)

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   ✔ No

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Dr. Sullivan 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)**  
   Hamza

2. **Surname (Last Name)**  
   Murtaza

3. **Date**  
   02-April-2019

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

   **Corresponding Author’s Name**  
   Matthew DiCaprio

5. **Manuscript Title**  
   Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

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 [✓]

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

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Dr. Murtaza has nothing to disclose.

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<table>
<thead>
<tr>
<th>Given Name (First Name)</th>
<th>Surname (Last Name)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matthew</td>
<td>DiCaprio</td>
<td>05-April-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)

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Dr. DiCaprio 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)  
   David

2. Surname (Last Name)  
   Jones

3. Date  
   12-June-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Connor Sullivan

5. Manuscript Title  
   Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00054

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Dr. Jones has nothing to disclose.

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Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)**  
   Jillian

2. **Surname (Last Name)**  
   Kazley

3. **Date**  
   12-June-2019

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

5. **Manuscript Title**  
   Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. **Manuscript Identifying Number (if you know it)**  
   REVIEWS-D-19-00054

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## 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  
   ✔ No

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

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.

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

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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. Kazley has nothing to disclose.

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