

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Shawn	2. Surname (Last Name) Browning	3. Effective Date (07-August-2008) 26-October-2011
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lewis Hanna
5. Manuscript Title Platelet-Rich Plasma Increases Matrix	Metalloproteinases in Cult	ures of Human Synovial Fibroblasts
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication										
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
							ADD			
7. Other		\checkmark					×			
							ADD			

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment		✓		Cytonics Corporation	I am employed here	×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	√					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	\checkmark					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out:	side the	submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
Payment for development of educational presentations	√					×		
						ADD		
11. Stock/stock options		✓		Cytonics Corporation	I receive Stock Options as part of my employment	×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×		
						ADD		
13. Other (err on the side of full disclosure)	✓					×		
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	nips							
Are there other relationships or activ			•	to have influenced, or th	nat give the appearance of	:		

potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Naruewan	rst Name)	2. Surname (Last Name) Woolf	3. Effective Date (07-August-2008) 26-October-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Lewis Hanna
5. Manuscript Title Platelet-Rich Pla		Metalloproteinases in Cult	ures of Human Synovial Fibroblasts
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	\checkmark					×				
						ADD				

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	✓					X	
						ADD	
3. Employment		✓		Cytonics Corporation	Salaried Employee	×	
						ADD	
4. Expert testimony	✓					×	
						ADD	
5. Grants/grants pending	✓					×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Cytonics Corporation	Received as employment benefits	×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4. Other relationships

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?

√ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Amiee	rst Name)	2. Surname (Last Name) Weiser Handy	3. Effective Date (07-August-2008) 26-October-2011
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Lewis Hanna
5. Manuscript Title Platelet-Rich Pla		Metalloproteinases in Cult	ures of Human Synovial Fibroblasts
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication									
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
							ADD		
7. Other		\checkmark					×		
							ADD		

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment		✓		Cytonics		X	
						ADD	
4. Expert testimony	\checkmark					X	
						ADD	
5. Grants/grants pending	\checkmark					X	
						ADD	
Payment for lectures including service on speakers bureaus	✓					X	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Cytonics		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
At the time of ma	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Gaetano	rst Name)	2. Surname (Last Name) Scuderi	3. Effective Date (07-August-2008) 26-October-2011
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Platelet-Rich Pla		Metalloproteinases in Cultures of Human S	synovial Fibroblasts
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	\checkmark					×			
						ADD			

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	✓			Cytonics		×	
						ADD	
2. Consultancy	√					×	
						ADD	
3. Employment	✓					X	
						ADD	
4. Expert testimony	\checkmark					X	
						ADD	
5. Grants/grants pending	✓					X	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓			Cytonics		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
						ADD
13. Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.	

Section 4.	Other relationships	

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?

 \checkmark No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Thomas	irst Name)	2. Surname (Last Name) San Giovanni		3. Effective Date (07-August-2008) 26-October-2011
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam Shawn Browning, PhD	ne
5. Manuscript Titl Platelet-Rich Pla		Metalloproteinases in Cult	ures of Human Synovial Fibro	blasts
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	✓					×		
						ADD		
2. Consultancy		\checkmark		Arthrex Corp.		×		
2. Consultancy		✓		OrthoHelix Corp.		×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	\checkmark					×		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus		✓		OrthoHelix	course lectures	×		
						ADD		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
7. Payment for manuscript preparation	✓					×			
						ADD			
Patents (planned, pending or issued)	✓					×			
						ADD			
9. Royalties		√		Arthrosurface Corp.		×			
						ADD			
Payment for development of educational presentations	✓					×			
						ADD			
11. Stock/stock options		✓		Cytonics Corp.		×			
						ADD			
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×			
						ADD			
13. Other (err on the side of full disclosure)	✓					×			
						ADD			
	* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	nips								
Are there other relationships or activi potentially influencing, what you wro			•	to have influenced, or th	at give the appearance of				
✓ No other relationships/conditions	s/circum	stances th	nat present a p	otential conflict of intere	est				
Yes, the following relationships/c									

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your Institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.

Golish

Golish



ICMJE Form for Disclosure of Potential Conflicts of Interest

dentifying Infor						
. Given Name (First Name) . Raymond	2. Surnam Golish	e (Last Name)			ober-2011	ust-20
. Are you the corresponding author?	Yes	√ No	Corresponding Author's Na Browning S	ame		
. Manuscript Title latelet-Rich Plasma Increases Matrix	Metalloprote	inases in Cultur	es of Human Synovial Fib	roblasts		
Manuscript Identifying Number (if you	know it)					
Section 2. The Work Under	Considerati	ion for Public	ation	·		
					f the submitted	
id you or your institution at any time ncluding but not limited to grants, d						
amplete each row by checking "No"			•			
		b = ====::====d !	mfarmasian 16	than	ana ralationshi	n alia
			nformation. If you have a ag the "X" button.	nore thar	one relationshi	p clic
Add" button to add a row. Excess row	ws can be ren	noved by clickin		nore thar	one relationshi	p clic
Add" button to add a row. Excess row	ws can be ren or Publicati	noved by clickin	g the "X" button.	nore thar	one relationshi	p clic
Add" button to add a row. Excess row	or Publicati	on Money Money t	g the "X" button. O Name of Entity		one relationshi	p clic
Add" button to add a row. Excess row he Work Under Consideration for	or Publicati	on Money	g the "X" button. O Name of Entity			p c lic
Add" button to add a row. Excess row he Work Under Consideration for	or Publicati	on Money Money t	g the "X" button. O Name of Entity		Comments**	p clic
Add" button to add a row. Excess row he Work Under Consideration for	or Publicati	on Money Money t	g the "X" button. O Name of Entity			
Add" button to add a row. Excess row he Work Under Consideration f Type Grant Consulting fee or honorarium;	or Publicati	on Money Money t	g the "X" button. O Name of Entity		Comments**	pelic
Add" button to add a row. Excess row he Work Under Consideration f Type Grant Consulting fee or honorarium;	or Publicati	on Money Money t	g the "X" button. O Name of Entity		Comments**	
he Work Under Consideration f Type Grant Consulting fee or honorarium p Support for trave to meetings for the study or other purposes.	or Publicati	on Money Money t	g the "X" button. O Name of Entity		Comments**	
he Work Under Consideration f Type Grant Consulting fee or honorarium p Support for trave to meetings for the study or other durposes.	or Publicati Mor No Pa to Y	on ney Money t id Your ou Institutio	O Name of Entity Cytonics		Comments**	
Add" button to add a row. Excess row he Work Under Consideration f Type Grant: Consulting fee or honorarium: Support for travel formeetings for the study or other durposes Fees for participation in review activities such as data monitoring- boards; statistical attalysis end.	or Publicati Mor No Pa to Y	on ney Money t id Your ou Institutio	O Name of Entity Cytonics		Comments**	
he Work Under Consideration f Type Grant Consulting fee or honorarium Support for trave formeetings to the study or other purposes Fees for participation in review activities such as data man troangle boards statistical analysis end point committees, and the like	or Publicati Mor No Pa to Y	on ney Money t id Your ou Institutio	O Name of Entity Cytonics		Comments**	
he Work Under Consideration f Type Grant Consulting fee or honorarium Support for travel to meetings to the study or other durposes Fees for participation in review activities such as data monitoring boards, statistical attalysis, end point committees, and the like	or Publicati Mor No Pa to Y	on ney Money t id Your ou Institutio	o Name of Entity Cytonics		Comments**	
he Work Under Consideration f Type Grant Consulting fee or honorarium Support for trave to meetings to the study or other durposes Fees for participation in review activities such as data main fronting boards statistical analysis and point committees; and the like	ws can be remore Publication Moo Part to Y	on ney Money t id Your ou Institutio	o Name of Entity Cytonics		Comments**	
Type Grant Consulting fee or honorarium; Support for travel to meetings to the study or other purposes. Fees for participation in reviewed activities such as data mion troubing boards statistical analysis end point committees, and the like.	or Publicati No Pa to Y	on hey Money t id Your ou Institutio	o Name of Entity Cytonics		Comments**	



		· · · · · · · · · · · · · · · · · · ·			
The Work Under Consideration	for Publica	tion			
Type	No P	oney Money to aid Your You Institution*	Name of Entity	Comments**	
7 Other	. [ADD X ADD
*This means money that your institution ** Use this section to provide any need			у.		To Million and the second
Section 3. Relevant finan	cial activitie	s outside the subr	nitted work.		
Place a check in the appropriate bo of compensation) with entitles as o clicking the "Add +" box. You shou	escribed in the	e instructions. Use of	ne line for each entity; a	dd as many lines as you	need by
Complete each row by checking "Nadd" button to add a row. Excess				re than one relationship	click the
Relevant financial activities or	utside the su	bmitted work			
Type of Relationship (in alphabetical order)	No Pa	oney Money to lid to Your You Institution*	Entity	Comments	
1. Board memberships:	V				× ADD
Z. Consultation			Cytonics	As above.	X
3 Employment				:	X ADD
4. Expen testimony				<u>.</u>	×
5. Grants/grants pending	. .				× ×
6. Payment for Jectuces including service on speakers bureaus.	7			<u></u>	× ADD
7 Payment for manuscript preparation			Cytonics	Consulting fees	×



evant financial activities ou	itside the	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution?	Entity	Cod	nments
Patents (planned pending of sissued)	V					
Royalties.	V.					
Payment for development of educational presentations	· V					
Stock/stäckieptions		Z		Cytonics		### ### 13#12
Travel/accommodations/ meeting expenses; intelated to activities listed.				Cytonics	Business tr	avel
Other (err on the side of full disclosure)	7					
his means money that your institution. For example, if you report a consulta				ravel related to that c	onsultancy or this	line.
Section 4. Other relation	ships		4111			
e there other relationships or act tentially influencing, what you w				to have influenced,	, or that give the	appearance of
No other relationships/conditio	ns/circum	stances th	at present a p	otential conflict of	interest	
Yes, the following relationships	/condition	is/circums	tances are pre	sent (explain below	v):	
t the time of manuscript acceptan n occasion, journals may ask auth						disclosure state
Hide All I	able Row	s Checker	1 'No'	SAVE		
m	n (ب	٠ (Golish	4dM J
ish	_ `			10/10	1.,	



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation		
Given Name (Final Carolina	irst Name)	2. Surname (Last Name) Carballo		ctive Date (07-August-2008) cober-2011
4. Are you the co	responding author?	Yes 🗸 No	Corresponding Author's Name Lewis Hanna	
5. Manuscript Titl Platelet-Rich Pla		Metalloproteinases in Cult	ures of Human Synovial Fibroblasts	
6. Manuscript Ide	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication								
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
							ADD	
7. Other		\checkmark					×	
							ADD	

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	✓					×			
						ADD			
2. Consultancy	√					×			
						ADD			
3. Employment		✓		Cytonics Corporation	Salaried employee	×			
						ADD			
4. Expert testimony	✓					×			
						ADD			
5. Grants/grants pending	✓					×			
						ADD			
Payment for lectures including service on speakers bureaus	✓					×			
						ADD			
Payment for manuscript preparation	✓					×			

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties	✓					×		
						ADD		
10. Payment for development of educational presentations	✓					×		
						ADD		
11. Stock/stock options		✓		Cytonics Corporation	I receive stock options as part of my employement benefits	×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×		
						ADD		
Other (err on the side of full disclosure)	✓					×		
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Are there other relationships or active potentially influencing, what you wro	ities that			to have influenced, or th	at give the appearance of			

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Inforn	nation	
1. Given Name (First Name) Lewis		2. Surname (Last Name) Hanna	3. Effective Date (07-August-2008) 28-October-2011
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title	2		
Platelet-Rich Plas	sma Increases Matrix N	Metalloproteinases in Cultures of Human Synovial Fib	problasts
6. Manuscript Ider	ntifying Number (if you k	now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication						
Туј	pe No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment		✓		Cytonics Corp		X
						ADD
4. Expert testimony	✓					X
			_			ADD
5. Grants/grants pending	\checkmark					X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ido tha	cubmit	tod work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options		✓		Cytonics Corp		×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.