

#### 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.

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Rachel	rst Name)	2. Surname (Last Name) Miller	3. Date 12-February-2014
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name David Frisbie
5. Manuscript Title Effects of the cor defect in an equi	mbination of microfra	cture and self-assembling p	peptide filling on the repair of a clinically-relevant trochlear

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01408R1

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees <sup>?</sup>	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Defense Science and Engineering graduate fellowship	$\checkmark$					
National Science Foundation graduate fellowship	$\checkmark$					
Orthopaedic Research Society travel award	$\checkmark$					

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Are there any relevant conflicts of interest? Yes

🖌 No



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

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

### Section 5. Relationships not covered above

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1. Given Name (Fii Natasha	rst Name)	2. Surname (Last Name) Werpy	3. Date 13-February-2014
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name David Frisbie
5. Manuscript Title Effects of the cor defect in an equi	nbination of microfrac	ture and self-assembling	peptide filling on the repair of a clinically-relevant trochlear
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Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Werpy has nothing to disclose.

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1. Given Name (Fi Wayne	rst Name)	2. Surname (Last Name) Mcllwraith		3. Date 14-February-2014
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na David Frisbie	ime
5. Manuscript Title Effects of the cou defect in an equ	mbination of microfra	cture and self-assembling	peptide filling on the repair	of a clinically-relevant trochlear
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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Do you have any patents, whether planned, penuing of issued, broadly relevant to the work?     res   $\mathbf{v}$   no	e any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	🖌 No
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Dr. Mcllwraith has nothing to disclose.

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No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH	$\checkmark$				to MIT	

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3D Matrix Japan		$\checkmark$			equity in company	



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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US Patent 7,449,180		$\checkmark$	$\checkmark$	$\checkmark$	MIT		

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Dr. Grodzinsky reports grants from NIH, during the conduct of the study; personal fees from 3D Matrix Japan, outside the submitted work; In addition, Dr. Grodzinsky has a patent US Patent 7,449,180 with royalties paid to MIT.

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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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Section 1.	Identifying Info	mation	
1. Given Name (Fi David	irst Name)	2. Surname (Last Name) Frisbie	3. Date 05-February-2014
4. Are you the cor	rresponding author?	✓ Yes No	
5. Manuscript Titl	e		

Effects of the combination of microfracture and self-assembling peptide filling on the repair of a clinically-relevant trochlear defect in an equine model

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01408R1

## 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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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**.

No

Are there any relevant conflicts of interest?		Yes	$\checkmark$
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



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Dr. Frisbie has nothing to disclose.

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#### Instructions

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### 1. Identifying information.

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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".

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Myra	2. Surname (Last Name) Barrett	3. Date 13-February-2014
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name David Frisbie
5. Manuscript Title Effects of the combination of microfra defect in an equine model	cture and self-assembling	peptide filling on the repair of a clinically-relevant trochlear
6. Manuscript Identifying Number (if you JBJS-D-13-01408R1	know it)	

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	
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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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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Eliot	rst Name)	2. Surname (Last Name) Frank	3. Date 13-February-2014
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name
5. Manuscript Title Effects of the cor defect in an equi	mbination of microfrac	ture and self-assembling	David Frisbie peptide filling on the repair of a clinically-relevant trochlear
6. Manuscript Ider JBJS-D-13-01408	ntifying Number (if you k R1	now it)	

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Are there any relevant conflicts of interest?	Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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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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