ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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 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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Cathal
2. Surname (Last Name): Moran
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Brian
2. Surname (Last Name): Cole
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: CATHAL MORAN, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☐	☑	☐	Carticept, Regentis, AANA		×
						ADD
2. Consultancy	☐	☑	☐	Arthrex, Zimmer, Depuy		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	Musculoskeletal Transplant Foundation, MLB		×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
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7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☐	☑	☐	Arthrex, DJ Ortho		×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☐	☑	☑	Arthrex, Zimmer, Depuy, Cartistem, OREF/Stryker, NIH/ MIMAS, Johnson and Johnson Regenerative Therapeutics LLC, Arthrosurface		×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Cecilia
2. Surname (Last Name): Pascual-Garrido
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: CATHAL MORAN, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
7. Other	☑	☐	☐			×
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Susan
2. Surname (Last Name): Chubinskaya
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: CATHAL MORAN, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

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2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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7. Other	☑	☐	☐			×
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1. Board membership	☑	☐	☐	ICRS Executive Board		×
						ADD
2. Consultancy	☑	☐	☐			×
						ADD
3. Employment	☑	☐	☐	Rush Medical Center		×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	NSF, Zimmer Research Support, Research Grant from Joint Restoration		×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						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 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 relationships

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

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Hide All Table Rows Checked 'No' SAVE

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): SCOTT
2. Surname (Last Name): RODEO
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: CATHAL MORAN, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
7. Other	☑	☐	☐			✕
						ADD

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1. Board membership	☑	☐	☐			✕
						ADD
2. Consultancy	☐	☑	☐	Smith & Nephew		✕
						ADD
3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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Section 1. Identifying Information

1. Given Name (First Name): Hollis
2. Surname (Last Name): Potter
3. Effective Date (07-August-2008): 16-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: CATHAL MORAN, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

Section 2. The Work Under Consideration for Publication

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
						ADD

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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	☐	☑	☐	Kensey Nash Advisory Board		×
						ADD
2. Consultancy	☐	☑	☐	Smith & Nephew		×
2. Consultancy	☐	☑	☐	Biomet		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	NIH CTSC Seed Fund 2UL1TR000457-06		×
5. Grants/grants pending	☐	☐	☑	NIH/NIAMS (1R01AR057343-01A2)		×
						ADD

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6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☐	☐	☑	General Electric Healthcare		×
						ADD

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Russell
2. Surname (Last Name): Warren
3. Effective Date (07-August-2008): 18-January-2013

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author's Name: Cathal Moran, MD

5. Manuscript Title: Current Concepts Review: Restoration of Articular Cartilage

6. Manuscript Identifying Number (if you know it): D-12-01329

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☐	☑	☐	Cayenne - SAB		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☐	☑	☐	Biomet		×
						ADD
9. Royalties	☐	☑	☐	Biomet		×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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