

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|------------------------------------|---|
| 1. Given Name (First Name) George | 2. Surname (Last Name) Muschler | 3. Date 31-March-2017 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Robert LaPrade |
| 5. Manuscript Title Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders A Systematic Review of the Clinical Orthopaedic literature | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| DOD | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fortus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Muschler reports and Dr. Muschler receives funding from NIH and the Department of Defense. He serves as a consultant to FDA and NIH, and receives funding from a research agreement with Fortus. .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
LaPrade

3. Date
28-September-2017

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

5. Manuscript Title
"Variability in the Preparation, Reporting, and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders. A " Systematic Review of the Clinical Orthopaedic Literature."

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------------|
| Arthrex | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant and Receive Royalties |
| Ossur | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant and Receive Royalties |
| Smith and Nephew | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultant and Receive Royalties |

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Dr. LaPrade reports grants and other from Arthrex, grants and other from Ossur, grants and other from Smith and Nephew , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Jorge

2. Surname (Last Name)
Chahla

3. Date
31-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robert LaPrade

5. Manuscript Title
Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders
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Dr. Chahla has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Cinque

3. Date
31-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Robert LaPrade

5. Manuscript Title
Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders
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Dr. Cinque has nothing to disclose.

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Zaamin

2. Surname (Last Name)

Hussain

3. Date

31-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Robert LaPrade

5. Manuscript Title

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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 Information

1. Given Name (First Name)
Venkata

2. Surname (Last Name)
Mantripragada

3. Date
31-March-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Robert LaPrade

5. Manuscript Title
Variability in the Preparation, Reporting and Use of Bone Marrow Aspirate Concentrate in Musculoskeletal Disorders
A Systematic Review of the Clinical Orthopaedic literature

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Mantripragada has nothing to disclose.

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1. Given Name (First Name)

Gilbert

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Moatshe

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31-March-2017

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Corresponding Author's Name

Robert LaPrade

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Nicolas

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PiuZZi

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