

#### **Instructions**

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Reisdorf 1



Section 1. Ide	ntifying Information		
1. Given Name (First Nar Ramona	ne) 2. Su Reiso	irname (Last Name) dorf	3. Date 19-July-2017
4. Are you the correspor	nding author?	es No	
5. Manuscript Title Comparison of Autogr	raft and Allograft for Flex	xor Tendon Reconstruction With Surface Mod	dification: A Canine In Vivo Model
6. Manuscript Identifying	g Number (if you know it)		
Section 2. The	Work Under Conside	eration for Publication	
Did you or your institutio	on <b>at any time</b> receive payr ted work (including but no	ment or services from a third party (government, on the limited to grants, data monitoring board, study on the limited to grants, data monitoring board, study on the limited to grants.	
Section 3. Rele	evant financial activi	ties outside the submitted work.	
of compensation) with	n entities as described in ox. You should report rel	able to indicate whether you have financial r the instructions. Use one line for each entity lationships that were <b>present during the 36</b> Yes  No	; add as many lines as you need by
Section 4. Inte	llectual Property P	Patents & Copyrights	
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Reisdorf 2



Section 5. Relationships not sovered above
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.
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. Reisdorf has nothing to disclose.

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Reisdorf 3



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Thoreson 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Andrew	rst Name)	2. Surname (Last Name) Thoreson	3. Date 18-July-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Chunfeng Zhao
5. Manuscript Title Comparison of A		for Flexor Tendon Reconst	truction With Surface Modification: A Canine In Vivo Model
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Thoreson 2



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patent

Wei 1



Section 1. Id	lentifying Informa	ation	
1. Given Name (First N Zhuang	lame)	2. Surname (Last Name Wei	2) 3. Date
4. Are you the correspond	onding author?	Yes ✓ No	Corresponding Author's Name Chunfeng Zhao
5. Manuscript Title Comparison of Auto	graft and Allograft fo	or Flexor Tendon Reco	onstruction With Surface Modification: A Canine In Vivo Model
6. Manuscript Identifyi	ing Number (if you kno	ow it)	
Section 2. Th	e Work Under Co	nsideration for Pul	blication
	nitted work (including k )?	but not limited to grants	om a third party (government, commercial, private foundation, etc.) for , data monitoring board, study design, manuscript preparation, O
Section 3. Re	levant financial a	ctivities outside th	e submitted work.
of compensation) wi	th entities as describ box. You should repo	ped in the instructions ort relationships that v	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .
Section 4. Int	tellectual Propert	y Patents & Copy	yrights
Do you have any pat	ents, whether plann	ed, pending or issued	, broadly relevant to the work? Yes V No

Wei 2



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Amadio 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fii Peter	rst Name)	2. Surnan Amadio	ne (Last Name	e)		3. Date 18-July-20	017	
4. Are you the cor	responding author?	Yes	✓ No	Correspon Chunfeng	ding Autho g Zhao	or's Name		
5. Manuscript Title Comparison of A	e autograft and Allograft i	for Flexor 1	Гendon Reco	nstruction Wit	h Surface I	Modification: A C	anine In Vivo Mo	del
6. Manuscript Ider	ntifying Number (if you kn	ow it)						
Section 2.	The Work Under Co	onsiderat	tion for Pul	olication				
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Name of Institut	ion/Company	Grant?	Personal N	Non-Financial Support	Other?	Comments		
	Health (NIH)/National and Musculoskeletal and b) (AR 057745)	<b>✓</b>						
Musculoskeletal Tran	splant Foundation	<b>✓</b>						
Section 3.	Relevant financial	activities	outside th	e submitted	work.			
of compensation	the appropriate boxes i ) with entities as descri   +" box. You should rep	bed in the	instructions	. Use one line f	or each en	itity; add as many	y lines as you nee	d by
Are there any rele	evant conflicts of intere	est?	res ✓ No	0				
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Section 4.	Intellectual Proper	ty Pate	nts & Copy	vrights				
Do you have any	patents, whether plani	ned, pendi	ng or issued,	, broadly releva	ant to the	work? Yes	✓ No	

Amadio 2



Relationships not covered above
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Disclosure Statement
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An 1



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1. Given Name (First Kai-Nan	Name)	2. Surname (La An	st Name)			3. Date 20-July-20	017	
4. Are you the corres	ponding author?	Yes ✓		Correspond Dr. Chunfe	_	r's Name		
5. Manuscript Title Comparison of Aut	ograft and Allograft	for Flexor Tendo	on Reconstru	ıction With	Surface I	Modification: A C	Canine In Vivo Mo	odel
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Section 2.	he Work Under Co	onsideration (	or Publica	tion				
any aspect of the sub statistical analysis, etc	ution <b>at any time</b> rece mitted work (including <u>)?</u> ant conflicts of intere	but not limited to						etc.) for
If yes, please fill out	the appropriate info removed by pressing	ormation below.	If you have	more than	one entit	ty press the "ADI	D" button to add	a row.
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Musculoskeletal Transp	ant Foundation.							
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of compensation) v clicking the "Add +	e appropriate boxes i vith entities as descri " box. You should rep	bed in the instructionship	uctions. Use os that were	one line fo	r each en	tity; add as man	y lines as you nee	ed by
Are there any relev	ant conflicts of intere	est? Yes	<b>√</b> No					
Section 4.	ntellectual Proper	ty Patents &	& Copyrigh	ts				
Do you have any pa	atents, whether plan	ned, pending or	issued, broa	adly releva	nt to the \	work? Yes	✓ No	

An 2



Section 5.	
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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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Other: Anything not covered under the previous three boxes

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**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

Zhao 1



Section 1. Identify	ring Information			
Given Name (First Name) Chunfeng	2. Surname (Last Nar Zhao	me)	3. Date 19-July-2017	
4. Are you the corresponding	author? Yes No			
5. Manuscript Title Comparison of Autograft a	nd Allograft for Flexor Tendon Re	construction With Surface	e Modification: A Canine In Vivo Model	_
6. Manuscript Identifying Nur	nber (if you know it)			
Section 2. The Wo	rk Under Consideration for P	ublication		
	rork (including but not limited to gran		nent, commercial, private foundation, etc.) f tudy design, manuscript preparation,	or
If yes, please fill out the app			tity press the "ADD" button to add a row	<i>N</i> .
Name of Institution/Comp	Grant? Personal Fees?	Non-Financial Support? Other	Comments	
National Institute of Health (NIH) nstitute of Arthritis and Muscul Skin Diseases (NIAMS) (AR 05774	oskeletal and			
Musculoskeletal Transplant Four	ndation			
Section 3. Relevan	t financial activities outside	the submitted work.		
of compensation) with enti- clicking the "Add +" box. Yo	ties as described in the instruction ou should report relationships tha	ns. Use one line for each e t were <b>present during th</b>	cial relationships (regardless of amoun entity; add as many lines as you need by ne 36 months prior to publication.	
Are there any relevant conf	licts of interest? Yes	No		
Section 4. Intellect	tual Property Patents & Co	oyrights		
	whether planned, pending or issue		e work? ☐ Yes 🗸 No	

Zhao 2



c .: -	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript 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.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	grants from National Institute of Health (NIH)/National Institute of Arthritis and Musculoskeletal and Skin ) (AR 057745), grants from Musculoskeletal Transplant Foundation, during the conduct of the study.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Zhao 3



#### **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.

# Identifying information.

# 2. The work under consideration for publication.

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Moran 1



Section 1. Ident	ifying Informatio	n					
1. Given Name (First Name) Steven		urname (Last Name) ran	3. Date 19-July-2017				
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Chunfeng Zhao, MD				
5. Manuscript Title Comparison of Autograft	t and Allograft for Fle	exor Tendon Recons	truction With	Surface Modifi	cation: A Cani	ine In Vivo Model	
6. Manuscript Identifying N	lumber (if you know it)						
			_				
Section 2. The W	ork Under Consid	leration for Publi	cation				
Did you or your institution a any aspect of the submitted statistical analysis, etc.)?							
Are there any relevant co		✓ Yes No					
If yes, please fill out the a Excess rows can be remo			ve more than o	one entity pres	ss the "ADD" b	outton to add a row.	
Name of Institution/Con		Personal No	n-Financial Support	Other? Com	ıments		
National Institute of Health (N nstitute of Arthritis and Musc Skin Diseases (NIAMS) (AR 057	uloskeletal and						
Section 3. Releva	ant financial activ	ities outside the	submitted w	ork.			
Place a check in the appr of compensation) with en clicking the "Add +" box.	ntities as described i	n the instructions. U	se one line for	each entity; ad	dd as many lir	nes as you need by	
Are there any relevant co	onflicts of interest?	Yes ✓ No					
Coation A							
Section 4. Intelle	ectual Property	Patents & Copyri	ghts				
Do you have any patents	, whether planned, p	pending or issued, b	roadly relevan	t to the work?	Yes	No	

Moran 2



Section 5. Polationships not severed above
Relationships not covered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
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.
Section 6
Section 6. Disclosure Statement
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Dr. Moran reports grants from National Institute of Health (NIH)/National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) (AR 057745), during the conduct of the study; .

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Jay 1



Section 1. Identifying Inform	ation					
1. Given Name (First Name) Gregory	2. Surname (Last Name) Jay	3. Date 19-July-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name			
5. Manuscript Title Comparison of Autograft and Allograft	for Flexor Tendon Reconst	ruction With Surface	Modification: A Canine In Vivo Model			
6. Manuscript Identifying Number (if you kn	now it)					
Section 2. The Work Under Co	onsideration for Public	cation				
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	ta monitoring board, stu				
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ty press the "ADD" button to add a row.			
Name of Institution/Company	Grant	n-Financial other?	Comments			
National Institute of Health (NIH)/National nstitute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) (AR 057745)	<b>✓</b>					
Section 3. Relevant financial	activities outside the s	submitted work.				
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financ se one line for each er	ntity; add as many lines as you need by			
Section 4. Intellectual Proper		.l.e.				
Intellectual Proper	ty Patents & Copyric	jnts				
Do you have any patents, whether plant If yes, please fill out the appropriate info	· -					
Excess rows can be removed by pressing			,,			

Jay 2



Patent <sup>?</sup>	Pending?	Issued?	Licensed ?	Royalties?	Licensee?	Comments	
Tribonectin Polypeptides and Uses Thereof			<b>✓</b>		Lubrics, LLC	U.S. Patent #6,743,774	
Continue E							
Section 5. Relationshi	ps not cove	ered abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or the	at give the appearance of	
Yes, the following relationsh  No other relationships/cond	•			•		st	
At the time of manuscript accep On occasion, journals may ask a							ents.
Section 6. Disclosure S	tatement						
Based on the above disclosures, below.	, this form wi	ll automa	atically gene	erate a disclo	osure statement, v	vhich will appear in the box	
Dr. Jay reports grants from Nati Diseases (NIAMS) (AR 057745), and Uses Thereof licensed to Lu	during the c						5

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