

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.

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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4. Intellectual Property.

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

5. Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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) Mitsuhiro	2. Surname (Last Name) Ebara	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
5. Manuscript Title Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00254		

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

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?	Other?	Comments
Nippon Zoki Pharmaceutical Co., Ltd. in Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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**.

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 ☐ 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.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Sustained drug release sheet for treating nerve damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Relationships not covered above

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Section 6.

Disclosure Statement

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Dr. Ebara reports grants from Nippon Zoki Pharmaceutical Co., Ltd. in Japan, during the conduct of the study; In addition, Dr. Ebara has a patent Sustained drug release sheet for treating nerve damage pending.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Tsuyoshi	2. Surname (Last Name) Murase	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
5. Manuscript Title Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model		
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Toyobo Co., Ltd. in Japan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Kunihiro	2. Surname (Last Name) Oka	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
5. Manuscript Title Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kiyoshi	2. Surname (Last Name) Okada	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
5. Manuscript Title Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model		
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1. Given Name (First Name) Junichi	2. Surname (Last Name) Sayanagi	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
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Toyobo Co., Ltd. in Japan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Sayanagi reports grants from Nippon Zoki Pharmaceutical Co., Ltd. in Japan, non-financial support from Toyobo Co., Ltd. in Japan, during the conduct of the study; .

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1. Identifying information.

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".

3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hiroyuki

2. Surname (Last Name)
Tanaka

3. Date
28-April-2019

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

5. Manuscript Title
Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00254

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Sustained drug release sheet for treating nerve damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Section 1. Identifying Information

1. Given Name (First Name) Hideki	2. Surname (Last Name) Yoshikawa	3. Date 28-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hiroyuki Tanaka
5. Manuscript Title Combination Therapy of an Electrospun Nanofiber Sheet Incorporating Methylcobalamin and a PGA-Collagen Tube for the Treatment of a Rat Sciatic Nerve Defect Model		
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