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 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".

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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Elizabeth
2. Surname (Last Name): Allen
3. Date: 03-May-2016

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

Corresponding Author's Name: James P. Higgins, MD

5. Manuscript Title: Chondrocyte Viability 3.5 Years Following Vascularized Medial Femoral Trochlea Osteocartilaginous Free Flap

6. Manuscript Identifying Number (if you know it): CC-D-16-00023R1

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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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. Allen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): Higgins
3. Date: 09-February-2016

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Chondrocyte Viability 3.5 Years Following Vascularized Medial Femoral Trochlea Osteocartilaginous Free Flap

6. Manuscript Identifying Number (if you know it):

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Section 1. Identifying Information

1. Given Name (First Name): Ryan
2. Surname (Last Name): Zimmerman
3. Date: 09-February-2016

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

Corresponding Author's Name: James P. Higgins, MD

5. Manuscript Title: Chondrocyte Viability 3.5 Years Following Vascularized Medial Femoral Trochlea Osteocartilaginous Free Flap

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