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.

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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.

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.
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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
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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): Patrick
2. Surname (Last Name): Kane
3. Date: 23-May-2017

4. Are you the corresponding author? ☐ Yes ☑ No Corresponding Author's Name

5. Manuscript Title: Cartilage Restoration of the Patellofemoral Joint

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

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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

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Section 5. 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

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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. Kane has nothing to disclose.

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): Michael
2. Surname (Last Name): Ciccotti
3. Date: 19-January-2017

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

Corresponding Author's Name: Kevin Freedman MD

5. Manuscript Title: Cartilage Restoration of the Patellofemoral Joint

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
American Orthopaedic Society for Sports Medicine	☐	☑	☐	☐	
Major League Baseball Team Physicians Association	☐	☑	☐	☐	
Herodicus Research Society	☐	☑	☐	☐	
Arthrex	☐	☐	☑	☐	
Orthopaedic Learning Center	☐	☑	☐	☐	
Stryker	☐	☑	☐	☐	
Venture	☐	☐	☐	☑	

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Ciccotti reports personal fees from American Orthopaedic Society for Sports Medicine, personal fees from Major League Baseball Team Physicians Association, personal fees from Herodicus Research Society, non-financial support from Arthrex, personal fees from Orthopaedic Learning Center, personal fees from Stryker, other from Venture, 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): Robert
2. Surname (Last Name): Frederick
3. Date: 19-January-2017

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

Corresponding Author's Name: Kevin Freedman MD

5. Manuscript Title: Cartilage Restoration of the Patellofemoral Joint

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
American Orthopaedic Society for Sports Medicine	☐	☑	☐	☐		

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Kevin
2. Surname (Last Name): Freedman
3. Date: 19-January-2017

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

5. Manuscript Title: Cartilage Restoration of the Patellofemoral Joint

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

Section 2. The Work Under Consideration for Publication

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

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy	☐	☑	☐	☐	
Johnson & Johnson	☐	☑	☐	☐	
Genzyme	☐	☑	☐	☐	

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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Dr. Freedman reports personal fees from DePuy, personal fees from Johnson & Johnson, personal fees from Genzyme, 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): Bradford
2. Surname (Last Name): Tucker
3. Date: 19-January-2017

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

Corresponding Author's Name: Kevin Freedman MD

5. Manuscript Title: Cartilage Restoration of the Patellofemoral Joint

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

Section 2. The Work Under Consideration for Publication

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	☐	☐	☐	☑	
Mitek	☐	☑	☐	☐	
DePuy	☐	☑	☐	☐	
Zimmer	☐	☐	☑	☐	
Knee Creations	☐	☐	☐	☑	Unpaid Consultant

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Dr. Tucker reports other from Johnson & Johnson, personal fees from Mitek, personal fees from DePuy, non-financial support from Zimmer, other from Knee Creations, outside the submitted work; .

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