

ICMJE DISCLOSURE FORM

Date: 10/13/2021

Your Name: Marc A. Asher

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

Manuscript number (if known): JBJS-D-21-00960R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Elinor J. Asher (Marc A. Asher's wife) on behalf of Marc A. Asher who has passed away

ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Douglas Burton

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

Manuscript number (if known): JBJS-D-21-00960R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	DePuy Spine	Payments made to me and my institution
4	Consulting fees	Globus	Payments made to me
		DePuy SPine	Payments made to me
		Blue Ocean Spine	Payments made to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Spine Study Group	No monies received
		Scoliosis Research Society	No monies received
11	Stock or stock options	Progenerative Medical	Payment made to me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Yi Feng

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

Manuscript number (if known): JBJS-D-21-00960R1

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4	Consulting fees	None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Xiangliang Liu

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

Manuscript number (if known): JBJS-D-21-00960R1

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ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Qinghua Lu

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

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ICMJE DISCLOSURE FORM

Date: 9/14/2021

Your Name: Matthew Mackay

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

Manuscript number (if known): JBJS-D-21-00960R1

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Date: 09/14/2021

Your Name: Jinxi Wang

Manuscript Title: Spontaneous Facet Joint Osteoarthritis in NFAT1-Mutant Mice: Age-Dependent Histopathologic Characteristics and Molecular Mechanisms

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	Same as item #1
3	Royalties or licenses	None	

4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
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