

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.

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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

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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)
Brian

2. Surname (Last Name)
Cole

3. Date
28-January-2022

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

5. Manuscript Title
Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles

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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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
Aesculap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support, paid consultant, other financial or material support
NIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Operative Techniques in Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing royalties, financial or material support
Ossio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock options
Regentis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, research support, stock or stock options
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other financial or material support

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex Inc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, research support, royalties, other financial or material support
Elsevier publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP Royalties
Bandgrip Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options
Acumed LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant
Encore Medical, LP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other financial or material support
GE Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other financial or material support
Merck Sharp & Dohme Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other financial or material support
SportsTek Medical, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other financial or material support
Vericel Corporation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid consultant, other financial or material support

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 6.

Disclosure Statement

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Dr. Cole reports other from Aesculap, other from NIH, other from Operative Techniques in Sports Medicine, personal fees from Ossio, personal fees and other from Regentis, other from Smith and Nephew, grants, personal fees and other from Arthrex Inc. , other from Elsevier publishing, other from Bandgrip Inc. , other from Acumed LLC, other from Encore Medical, LP, other from GE Healthcare, other from Merck Sharp & Dohme Corporation, other from SportsTek Medical, Inc, other from Vericel Corporation, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) DeFroda	3. Date 28-January-2022
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles		
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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. DeFroda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joshua	2. Surname (Last Name) Kaiser	3. Date 28-January-2022
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles		
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Mr. Kaiser has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Zachary	2. Surname (Last Name) Meeker	3. Date 28-January-2022
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles		
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Mr. Meeker has nothing to disclose.

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Section 6. Disclosure Statement

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Mr. Wagner has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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

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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

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Royalties: Funds are coming in to you or your institution due to your patent

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1. Given Name (First Name) Nolan	2. Surname (Last Name) Condron	3. Date 28-January-2022
4. Are you the corresponding author? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name)
Lakshmanan

2. Surname (Last Name)
Sivasundaram

3. Date
28-January-2022

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

5. Manuscript Title
Osteochondral Allograft Transplant for Focal Cartilage Defects of the Femoral Condyles

6. Manuscript Identifying Number (if you know it)

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