

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Amanda Avila

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div>
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Dhruv S. Shankar

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Eric Strauss

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** Click or tap here to enter text.

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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr> <td style="width: 60%;">Jaypee Publishing</td> <td>Publishing Royalties</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Jaypee Publishing	Publishing Royalties				
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4	Consulting fees	<input type="checkbox"/> None	
		Vericel	Paid Consultant
		Subchondral Solutions	Pain Consultant
		Smith & Nephew	Paid Consultant
		Organogenesis	Paid Consultant
		Joint Restoration Foundation	Paid Consultant
		Flexion Therapeutics	Paid Consultant
		Fidia	Paid Consultant
		Anthrex, Inc	Paid consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Smith & Nephew	Paid presenter or speaker
		Anthrex INC	Paid presenter or speaker
		Vericel	Paid Presenter or speaker
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		AAOS	Board/Committee Member
		American Orthopedic Association	Board/Committee Member
		Arthroscopy Association of North America	Board/Committee Member



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		Cartilage, Bulletin of the Hospital for Joint Diseases	Editorial or Governing Board
11	Stock or stock options	<input type="checkbox"/> None	
		Better PT	Stock or stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Cartiheal	Research Support
		Fidia	Research Support
		Jaypee Publishing	Financial or Material support
		Organogenesis	Research Support
	Springer	Financial or Material Support	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Naina Rao

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Phil Davidson

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

## ICMJE DISCLOSURE FORM

**Date:** 8/26/2021

**Your Name:** Scott Buzin

**Manuscript Title:** Arthroscopic Meniscus Repair Using the SuperBall™ All-Inside, All-Suture, Knotless Device

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)						
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