

## ICMJJE DISCLOSURE FORM

Date: 03/05/2021 \_\_\_\_\_  
 Your Name: Alberto Poggi \_\_\_\_\_  
 Manuscript Title: Meniscus treatment: biological augmentation strategies \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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.

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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>			
1	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"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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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.

Corresponding author: **Alberto Poggi**



## ICMJJE DISCLOSURE FORM

Date: 03/05/2021 \_\_\_\_\_  
 Your Name: Davide Reale \_\_\_\_\_  
 Manuscript Title: Meniscus treatment: biological augmentation strategies \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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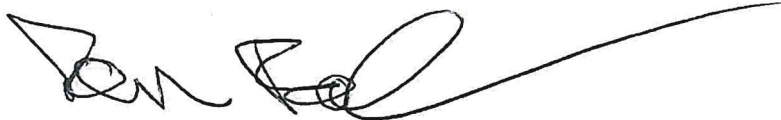
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**Davide Reale**



## ICMJE DISCLOSURE FORM

Date: 03/05/2021  
 Your Name: Angelo Boffa  
 Manuscript Title: Meniscus treatment: biological augmentation strategies  
 Manuscript number (if known): \_\_\_\_\_

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Angelo Boffa



## ICMJE DISCLOSURE FORM

Date: 03/05/2021 \_\_\_\_\_  
 Your Name: Luca Andriolo \_\_\_\_\_  
 Manuscript Title: Meniscus treatment: biological augmentation strategies \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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**Luca Andriolo**



## ICMJE DISCLOSURE FORM

Date: 03/05/2021 \_\_\_\_\_  
 Your Name: Alessandro Di Martino \_\_\_\_\_  
 Manuscript Title: Meniscus treatment: biological augmentation strategies \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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Alessandro Di Martino

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Date: 03/05/2021 \_\_\_\_\_  
 Your Name: Giuseppe Filardo \_\_\_\_\_  
 Manuscript Title: Meniscus treatment: biological augmentation strategies \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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**Giuseppe Filardo** 