

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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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

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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
06-July-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lateral Meniscal Allograft Transplant with Concomitant Lateral Femoral Condyle Osteochondral Allograft Transplant

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support, IP royalties, paid consultant
Arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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/B.Braun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
American Journal of Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or Governing Board

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Orthopaedic Society for Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
American Shoulder and Elbow Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
Arthrex, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP Royalties, paid consultant, research support
Arthroscopy Association of North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
Athletico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Financial or material support
Carticept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or Stock Options
DJ Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP Royalties
Elsevier Publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP Royalties
International Cartilage Repair Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board or Committee Member
Journal of Bone & Joint Surgery - American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Journal of Shoulder and Elbow Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Journal of the American Academy of Orthopaedic Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial or governing board
Medipost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
National Institutes of Health (NIAMS & NICHD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
Ossur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Financial or Material Support
Regentis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant; Stock or Stock Options
Saunders/ Mosby-Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing Royalties; financial or material support
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Financial or Material Support
Tornier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Financial or Material Support
Arthroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	editorial or governing board

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Cole reports personal fees and other from Arthrex, other from Arthroscopy , during the conduct of the study; other from Aesculap/B.Braun, other from American Journal of Orthopedics, other from American Orthopaedic Society for Sports Medicine, other from American Shoulder and Elbow Surgeons, personal fees and other from Arthrex, Inc., other from Arthroscopy Association of North America, other from Athletico, other from Carticept, other from Cytori, other from DJ Orthopaedics, other from Elsevier Publishing, other from International Cartilage Repair Society, other from Journal of Bone & Joint Surgery - American, other from Journal of Shoulder and Elbow Surgery, other from Journal of the American Academy of Orthopaedic Surgeons, other from Medipost, other from National Institutes of Health (NIAMS & NICHD), other from Ossur, personal fees and other from Regentis, other from Saunders/ Mosby-Elsevier, other from Smith & Nephew, other from Tornier, personal fees and other from Zimmer, other from Arthroscopy, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Redondo

3. Date

05-September-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Brian J Cole

5. Manuscript Title

Meniscal Allograft Transplantation With Concomitant Osteochondral Allograft Transplantation

6. Manuscript Identifying Number (if you know it)

XATS 941

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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Mr. Redondo has nothing to disclose.

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Arthroscopy: The Journal of Arthroscopic and Related Surgery

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Brian 2. Surname Waterman
3. Are you the corresponding author? Yes No
4. Effective Date 7.5.2017
5. Manuscript Title: Meniscal Allograft Transplantation with Concomitant Osteochondral Allograft Transplantation

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

2. Consulting fee or honorarium

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

3. Support for travel to meetings for the study or other purposes

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

5. Payment for writing or reviewing the manuscript

No Yes, money paid to you Yes, money paid to institution* Name of entity____
Comments†____

6. Provision of writing assistance, medicines, equipment, or administrative support

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Comments†____

7. Other

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Comments†____

* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

2. Consultancy

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

3. Employment

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

4. Expert testimony

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

5. Grants/grants pending

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

7. Payment for manuscript preparation

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

8. Patents (planned, pending or issued)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

9. Royalties

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

10. Payment for development of educational presentations

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

11. Stock/stock options

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

13. Other (err on the side of full disclosure)

No Yes, money paid to you Yes, money paid to institution* Name of entity____ Comments____

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Eric J. Cotter 2. Surname _____
3. Are you the corresponding author? Yes ___ No x
4. Effective Date 3/31/2017
5. Manuscript Title Meniscal Allograft Transplantation with Concomitant Osteochondral Allograft Transplantation

Section 2. The Work Under Consideration for Publication

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7. Payment for manuscript preparation

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8. Patents (planned, pending or issued)

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5. Manuscript Title Meniscal Allograft Transplantation with Concomitant Osteochondral Allograft Transplantation

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each item by typing an X in answer yes or not and completing the information requested if an answer is Yes. If you have more than one relationship, add lines.

1. Grant

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

2. Consulting fee or honorarium

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments

3. Support for travel to meetings for the study or other purposes

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

5. Payment for writing or reviewing the manuscript

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

6. Provision of writing assistance, medicines, equipment, or administrative support

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___
Comments† ___

7. Other

x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity. Comments†

* This means money that your institution received for your efforts on this study.

† Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

3. Employment

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)

No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

— **Instructions** —

ICMJE Form for Disclosure of Potential Conflicts of Interest

Each author of the manuscript must separately complete and save this form using his or her name in the file name. Each author's completed form must then be uploaded with the manuscript.

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 in four parts:

Section 1. Identifying information

Enter your full name and provide the manuscript title.

Section 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." Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as entities or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Section 4. Other relationships

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.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Kevin C. Wang 2. Surname _____
3. Are you the corresponding author? Yes ___ No x___
4. Effective Date 3/31/2017 _____
5. Manuscript Title Meniscal Allograft Transplantation with Concomitant Osteochondral Allograft Transplantation

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