

— **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.

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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 _____ Juan _____ 2. Surname _____ Erquicia _____
3. Are you the corresponding author? Yes ___ No ___
4. Effective Date _____ 01/02/2018 _____
5. Manuscript Title _____

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

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

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

7. Other

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.

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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)

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Section 1. Identifying Information

1. Given Name _____ Oscar _____ 2. Surname _____ Fariñas _____
3. Are you the corresponding author? Yes ___ No ___
4. Effective Date _____ 01/01/2018 _____
5. Manuscript Title ___ **Fresh osteochondral patellar allograft resurfacing**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _____ Pablo _____ 2. Surname _____ Gelber _____
3. Are you the corresponding author? Yes No
4. Effective Date _____ 01/01/2018 _____
5. Manuscript Title **Fresh osteochondral patellar allograft resurfacing**

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2. Consultancy

Yes, money paid to you Name of entity_CONMED

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

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7. Payment for manuscript preparation

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8. Patents (planned, pending or issued)

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1. Given Name Juan Carlos 2. Surname Monllau
3. Are you the corresponding author? Yes ___ No x
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5. Manuscript Title ___ **Fresh osteochondral patellar allograft resurfacing**

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7. Other

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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 Spanish
Ministerio de Economía, Industria y Competitividad (National Programme for Research Aimed at the
Challenges of Society) Comments

6. Payment for lectures including service on speakers bureaus

No Yes, money paid to you Yes, money paid to institution* Name of entity Smith&Nephew
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

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1. Given Name _____ Eduard _____ 2. Surname _____ Ramírez-Bermejo _____
3. Are you the corresponding author? Yes ___ No ___
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