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.

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**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
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Section 1. Identifying Information

1. Given Name (First Name)  
   C. Thomas

2. Surname (Last Name)  
   Vangsness, Jr.

3. Date  
   07-February-2019

4. Are you the corresponding author?  
   Yes ☑  No

5. Manuscript Title  
   Impact of AAOS Clinical Practice Guidelines on Hyaluronic Acid Injections - Primum Non Nocere or First do No HArm!

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

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?  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Vangsness, Jr. reports non-financial support from KeraLink International, non-financial support from CarthroniX Inc, non-financial support from Align-Med Inc, non-financial support from Parcus Medical LLC, non-financial support from Replenish Inc, grants from Helen and Will Webster Foundation, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Adamson

3. Date  
   08-August-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name
   Thomas Vangsness

5. Manuscript Title  
   Consequences on Private Insurance Coverage: The AAOS Clinical Practice Guidelines and Hyaluronic Acid Injections

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00272R1

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<tr>
<td>OrthogenRx</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>I am a shareholder</td>
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Section 1. Identifying Information

1. Given Name (First Name) Michael J.
2. Surname (Last Name) Daley PhD
3. Date 08-August-2019
4. Are you the corresponding author? Yes ✔ No
   Corresponding Author’s Name C. Thomas Vangsness MD
5. Manuscript Title
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<td>✔</td>
<td>Founder, CEO and President</td>
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