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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)  
   Jeffrey

2. Surname (Last Name)  
   Katz

3. Date  
   01-October-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Matzkin, Elizabeth

5. Manuscript Title  
   Meniscal and Mechanical Symptoms are Associated with Cartilage Damage, Not Meniscal Pathology

6. Manuscript Identifying Number (if you know it)

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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 ☑

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Are there any relevant conflicts of interest?  
   Yes ☑  No ☐

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Katz reports grants from Samumed, grants from Flexion Therapeutics, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Evan

2. Surname (Last Name)  
Farina

3. Date  
29-September-2020

4. Are you the corresponding author?  
Yes ☐ No ☑

Corresponding Author’s Name  
Elizabeth Matzkin

5. Manuscript Title  
Meniscal and Mechanical Symptoms are Associated with Cartilage Damage, Not Meniscal Pathology

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01193R1

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Yes ☐ No ☑

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Dr. Farina has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Matzkin

3. Date  
   29-September-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ☐ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Matzkin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kaetlyn

2. Surname (Last Name)  
   Arant

3. Date  
   29-September-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author's Name
   Elizabeth Matzkin

5. Manuscript Title  
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Ms. Arant has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Natalie

2. Surname (Last Name)  
   Lowenstein

3. Date  
   29-September-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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Ms. Lowenstein has nothing to disclose.

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Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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1. Given Name (First Name)  
   Yuchiao

2. Surname (Last Name)  
   Chang

3. Date  
   30-September-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Elizabeth Matzkin

5. Manuscript Title  
   Meniscal and Mechanical Symptoms are Associated with Cartilage Damage, Not Meniscal Pathology

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-01193R1

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

Dr. Chang has nothing to disclose.

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