

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Early	3. Date 10-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Flanigan
5. Manuscript Title Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes		
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

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Are there any relevant conflicts of interest?  Yes  No

### 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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Dr. Early has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Joshua

2. Surname (Last Name)

Everhart

3. Date

10-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

David Flanigan

5. Manuscript Title

Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Everhart has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Flanigan

3. Date  
10-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Autologous chondrocyte implantation (ACI) for knee cartilage defects: A review of indications, technique, and outcomes

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
DePuy Mitek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Vericel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Conmed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant



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Dr. Flanigan reports personal fees from Zimmer, personal fees from DePuy Mitek, personal fees from Vericel, personal fees from Conmed, personal fees from Smith & Nephew, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Krill

3. Date  
10-May-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
David Flanigan

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Dr. Krill has nothing to disclose.

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