

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Asheesh

2. Surname (Last Name)  
Bedi

3. Date  
31-July-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Nonbiologic injections in sports medicine

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-19-00052

### 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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant and Royalty

### 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. Bedi reports other from Arthrex, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Tristan	2. Surname (Last Name) Maerz	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asheesh Bedi
5. Manuscript Title Nonbiologic injections in sports medicine		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00052		

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Dr. Maerz has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Adam	2. Surname (Last Name) Olszewski	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asheesh Bedi
5. Manuscript Title Nonbiologic injections in sports medicine		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00052		

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Adam Olszewski has nothing to disclose.

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1. Given Name (First Name) Austin	2. Surname (Last Name) Ramme	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asheesh Bedi
5. Manuscript Title Nonbiologic injections in sports medicine		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00052		

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Dr. Ramme has nothing to disclose.

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1. Given Name (First Name) Thai	2. Surname (Last Name) Trinh	3. Date 31-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Asheesh Bedi
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