Arthroscopy: The Journal of Arthroscopic and Related Surgery

— 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

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Section 3. Relevant financial activities outside the submitted work

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Section 4. Other relationships

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Alexander 2. Surname: Oldweiler
3. Are you the corresponding author? Yes No_X_
4. Effective Date ___01/14/2017_____
5. Manuscript Title ____
Adipose-derived Stem Cell Transplant Technique for Degenerative Joint Disease
_____

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

x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments†___

2. Consulting fee or honorarium

_x__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

_x__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

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
Comments†___

5. Payment for writing or reviewing the manuscript

__x_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

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
Comments†___

7. Other

_x__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.

Section 3. Relevant financial activities outside the submitted work

1. Board membership

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

2. Consultancy

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

3. Employment

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

4. Expert testimony

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

5. Grants/grants pending

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

6. Payment for lectures including service on speakers bureaus

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

7. Payment for manuscript preparation

x___No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

8. Patents (planned, pending or issued)

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

9. Royalties

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

10. Payment for development of educational presentations

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

11. Stock/stock options

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

12. Travel/accommodations/ meeting expenses unrelated to activities listed**

__x_No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

13. Other (err on the side of full disclosure)

_x__No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

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Section 4. Other relationships

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_x__No other relationships/conditions/circumstances that present a potential conflict of interest

___Yes, the following relationships/conditions/circumstances are present (explain below):

>>>>>>>>>>>><<<<<<<<<<<<

The International Committee of Medical Journal Editors

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Dayne T. 2. Surname: Mickelson
3. Are you the corresponding author? Yes No X
4. Effective Date ___01/14/2017_____
5. Manuscript Title ____
Adipose-derived Stem Cell Transplant Technique for Degenerative Joint Disease
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1. Given Name: Ryan Phillip 2. Surname: Coughlin
3. Are you the corresponding author? Yes X No
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name Claude 2. Surname Moorman
3. Are you the corresponding author? Yes ___ No X
4. Effective Date _____
5. Manuscript Title Adipose-derived stem cell transplant technique for degenerative joint disease

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2. Consulting fee or honorarium

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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†___ *

* TRAVEL For Lipogen Education

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2. Consultancy

___No ✓Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___

Smith - Nephew - Consultant

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___

Numerous Cases for Moorman Medical Consulting LLC

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___

Smith - Nephew

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___

Several Books & Small Royalties

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___

*Privit (Stock)
* SMV (options)

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* Fellowship Support for Duke from:
Bres, Smith-Nephew, Mitek, Arthrex

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