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
This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check “Yes.” Then complete the provide the information requested.

Section 3. Relevant financial activities outside the submitted work
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Section 4. Other relationships
Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name: Robert F.  
2. Surname: LaPrade  
3. Are you the corresponding author? Yes  
4. Effective Date 3/3/2017  
5. Manuscript Title: Meniscal Repair with Fibrin Clot Augmentation

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
   - Yes, money paid to you _X__ Yes, money paid to institution* Name of entity ___  
     Comments† Institution provided support by Arthrex, Ossur, Siemans, and Smith and Nephew ___

* 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
   ___ No _X_ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments__ Arthrex, Smith and Nephew, Ossur___

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
   ___ No _X_ Yes, money paid to you _X_ Yes, money paid to institution* Name of entity___ Comments__ Health East, Norway; NIH R-13 grant for biologics___

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)
   ___ No _X_ Yes, money paid to you _X_ Yes, money paid to institution* Name of entity___ Comments__ Ossur, Smith and Nephew__

9. Royalties
   _X_ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments__ Arthrex, Ossur, Smith and Nephew__

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name ____Robert F LaPrade_______ 2. Surname _______________________________________
3. Are you the corresponding author?  Yes ____ No_x__
4. Effective Date ______03/3/2017_____________________
5. Manuscript Title ____Meniscal Repair with Fibrin Clot Augmentation_________________

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…)? No

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
   ____ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
   Comments†___

2. Consulting fee or honorarium
   ____ No ____ Yes, money paid to you _x__ Yes, money paid to institution* Name of entity_Arthrex Inc, Ossur and Smith and Nephew__ Comments†__

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†___

4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end-point committees, and the like
   ____ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
   Comments†___

5. Payment for writing or reviewing the manuscript
   ____ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
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   ____ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___
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Section 3. Relevant financial activities outside the submitted work

1. Board membership
   ___No  _x__Yes, money paid to you  ___Yes, money paid to institution* Name of entity American Journal of Sports Medicine, and Knee Surgery Sports Traumatology and Arthroscopy  ___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___

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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
   ___No  _x__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**
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**Section 1. Identifying Information**

1. Given Name ____Mark Cinque_______  
2. Surname ___________________________  
3. Are you the corresponding author? Yes ___ No_x__  
4. Effective Date _____03/3/2017_____________________
5. Manuscript Title ____Meniscal Repair with Fibrin Clot Augmentation_________________

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   Comments†___

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7. Payment for manuscript preparation
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9. Royalties
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10. Payment for development of educational presentations
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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**
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13. Other (err on the side of full disclosure)
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Section 1. Identifying Information

1. Given Name ____Nicholas Kennedy_______ 2. Surname ______________________________________
3. Are you the corresponding author?   Yes ___ No x__
4. Effective Date ______03/3/2017_____________________
5. Manuscript Title ____Meniscal Repair with Fibrin Clot Augmentation_________________

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3. Employment
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4. Expert testimony
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5. Grants/grants pending
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7. Payment for manuscript preparation
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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
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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)
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Section 1. Identifying Information

1. Given Name ____Jorge Chahla_______ 2. Surname ___________________________________
3. Are you the corresponding author? Yes ___ No_x__
4. Effective Date ______03/3/2017_____________________
5. Manuscript Title ____Meniscal Repair with Fibrin Clot Augmentation_________________

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…)?

No

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___

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

_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

The ICMJE Disclosure of Potential Conflicts of Interest Form was adopted by Arthroscopy: The Journal of Arthroscopic and Related Surgery along with 17 other leading orthopaedic journals at the 2011 annual meeting of the American Academy of Orthopaedic Surgeons.
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**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation, or commercial sponsor, check “Yes.” Then complete the information requested.

**Section 3. Relevant financial activities outside the submitted work**

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as entities or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations, or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

**Section 4. Other relationships**

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name ____Gilbert Moatshe_______ 2. Surname ______________________________________
3. Are you the corresponding author? Yes ___ No_x__
4. Effective Date ______03/3/2017_____________________
5. Manuscript Title ____Meniscal Repair with Fibrin Clot Augmentation_________________

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…)? No

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1. Grant
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    ___x No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity___ Comments___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _____Nicholas DePhillipio_______
2. Surname ______________________________________
3. Are you the corresponding author?  Yes ______ No_x__
4. Effective Date ______03/3/2017_____________________
5. Manuscript Title _____Meniscal Repair with Fibrin Clot Augmentation_________________

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2. **Consultancy**
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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**
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