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

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.

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Section 1. Identifying Information

1. Given Name _______ Oscar ______
2. Surname ______ Fariñas ____________
3. Are you the corresponding author? Yes ______ No_x____
4. Effective Date ___________ 01/01/2018 ___________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

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†____
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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>>>>>>>>>>>>>>>>>>>>>>>>>

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Section 1. Identifying Information

1. Given Name ______ Pablo ______
2. Surname ______ Gelber ______________
3. Are you the corresponding author? Yes _X__
4. Effective Date _______________ 01/01/2018 ______________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

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   Comments†____

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

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1. Board membership  
   - No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments ___

2. Consultancy  
   - Yes, money paid to you ___ Name of entity CONMED

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 ___

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 _X_ Yes, money paid to you ___ Name of entity CONMED

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 ___

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 ___

12. Travel/accommodations/meeting expenses unrelated to activities listed**  
    - 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 _______ Maximiliano _______ 2. Surname _______ Ibañez _____________
3. Are you the corresponding author? Yes ___ No _x___
4. Effective Date _______________ 01/01/2018 ______________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

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…)?
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1. Grant
_x__ No ___ Yes, money paid to you ___ Yes, money paid to institution* Name of entity ___ Comments†___

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4. Expert testimony
   _x_ No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___ Comments___
5. Grants/grants pending
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6. Payment for lectures including service on speakers bureaus
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9. Royalties
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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)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _Juan Carlos_ 2. Surname __Monllau__
3. Are you the corresponding author? Yes ____ No_x____
4. Effective Date _______________01/01/2018____________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

Section 2. The Work Under Consideration for Publication

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

2. Consulting fee or honorarium
   _x_x No ___Yes, money paid to you ___Yes, money paid to institution* Name of entity___
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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
   ___ No ___ Yes, money paid to you _x_ Yes, money paid to institution* Name of entity Spanish Ministerio de Economia, Industria y Competitividad (National Programme for Research Aimed at the Challenges of Society) ___ Comments ___

6. Payment for lectures including service on speakers bureaus
   ___ No ___ _x_ Yes, money paid to you ___ Yes, money paid to institution* Name of entity Smith & Nephew ___ 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 ___

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name _______Simone______ 2. Surname _______Perelli_______________
3. Are you the corresponding author? Yes ___ No_x___
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_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___
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<table>
<thead>
<tr>
<th>Section 3. Relevant financial activities outside the submitted work</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Board membership</strong></td>
</tr>
<tr>
<td><em>x</em> No <em><strong>Yes, money paid to you <em><strong>Yes, money paid to institution* Name of entity</strong></em> Comments</strong></em></td>
</tr>
<tr>
<td><strong>2. Consultancy</strong></td>
</tr>
<tr>
<td><em>x</em> No <em><strong>Yes, money paid to you <em><strong>Yes, money paid to institution* Name of entity</strong></em> Comments</strong></em></td>
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<td><strong>3. Employment</strong></td>
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<td><em>x</em> No <em><strong>Yes, money paid to you <em><strong>Yes, money paid to institution* Name of entity</strong></em> Comments</strong></em></td>
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<td><strong>4. Expert testimony</strong></td>
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<tr>
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<td><strong>5. Grants/grants pending</strong></td>
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<td><strong>7. Payment for manuscript preparation</strong></td>
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<td><strong>8. Patents (planned, pending or issued)</strong></td>
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<td><strong>9. Royalties</strong></td>
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<td><em>x</em> No <em><strong>Yes, money paid to you <em><strong>Yes, money paid to institution* Name of entity</strong></em> Comments</strong></em></td>
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<td><strong>11. Stock/stock options</strong></td>
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<td><em>x</em> No <em><strong>Yes, money paid to you <em><strong>Yes, money paid to institution* Name of entity</strong></em> Comments</strong></em></td>
</tr>
<tr>
<td><strong>12. Travel/accommodations/meeting expenses unrelated to activities listed</strong></td>
</tr>
<tr>
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<td><strong>13. Other (err on the side of full disclosure)</strong></td>
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* This means money that your institution received for your efforts on this study.
† Use this section to provide any needed explanation.
_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 provide 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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _______ Eduard _______
2. Surname _______ Ramírez-Bermejo
3. Are you the corresponding author? Yes ___ No_x___
4. Effective Date _______ 01/01/2018 __________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

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
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name _______ Vicente _______ 2. Surname _______ Sanchis-Alfonso ______________________
3. Are you the corresponding author? Yes ___ No __
4. Effective Date ______________ __01/01/2018 ______________
5. Manuscript Title ___ Fresh osteochondral patellar allograft resurfacing

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…)?

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