

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Franck

2. Surname (Last Name)
Accadbled

3. Date
23-December-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Pham TT

5. Manuscript Title
Arthroscopic osteochondral autograft transfer for juvenile osteochondritis dissecans of the humeral head

6. Manuscript Identifying Number (if you know it)

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Dr. Accadbled has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jean

2. Surname (Last Name)

Kany

3. Date

23-December-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Pham

5. Manuscript Title

Arthroscopic osteochondral autograft transfer for juvenile osteochondritis dissecans of the humeral head

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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Yes

☒

No

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Yes

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No

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Section 1. Identifying Information

1. Given Name (First Name)
Walid

2. Surname (Last Name)
Lakhal

3. Date
23-December-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Pham TT

5. Manuscript Title

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1. Given Name (First Name)

Thuy Trang

2. Surname (Last Name)

Pham

3. Date

23-December-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Arthroscopic osteochondral autograft transfer for juvenile osteochondritis dissecans of the humeral head

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Jérôme

2. Surname (Last Name)

Sales de Gauzy

3. Date

23-December-2016

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☐ Yes☒ No

Corresponding Author's Name

Pham TT

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