

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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) Zachary	2. Surname (Last Name) Aman	3. Date 26-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Osteoarticular Allograft Transplantation of the Trochlear Groove for Trochlear Dysplasia: A Case Report		
6. Manuscript Identifying Number (if you know it) CC-D-17-00223R1		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Zachary Aman has nothing to disclose.

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1. Given Name (First Name) Nicholas	2. Surname (Last Name) DePhillipo	3. Date 26-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Robert F. LaPrade, MD, PhD
5. Manuscript Title Osteoarticular Allograft Transplantation of the Trochlear Groove for Trochlear Dysplasia: A Case Report		
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Nicholas DePhillipo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
LaPrade

3. Date  
26-October-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Osteoarticular Allograft Transplantation of the Trochlear Groove for Trochlear Dysplasia: A Case Report

6. Manuscript Identifying Number (if you know it)  
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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ossur	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

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Dr. LaPrade reports non-financial support and other from Arthrex, personal fees, non-financial support and other from Smith & Nephew, non-financial support and other from Ossur, outside the submitted work; .

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1. Given Name (First Name)  
Gilbert

2. Surname (Last Name)  
Moatshe

3. Date  
26-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Robert F. LaPrade

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Dr. Moatshe has nothing to disclose.

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Mitchell

2. Surname (Last Name)  
Kennedy

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26-October-2017

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