

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)

André

2. Surname (Last Name)

Carvalho

3. Date

18-November-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Surgical treatment for congenital dislocation of the patella in a young adult

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Adelio

2. Surname (Last Name)

Vilaca

3. Date

18-November-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Surgical treatment for congenital dislocation of the patella in a young adult

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

João

2. Surname (Last Name)

Esteves

3. Date

18-November-2018

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

5. Manuscript Title

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1. Given Name (First Name)

JOAO

2. Surname (Last Name)

ROSA

3. Date

11-July-2018

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

Surgical treatment for congenital dislocation of the patella in a young adult

6. Manuscript Identifying Number (if you know it)

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Luis

2. Surname (Last Name)

Coutinho

3. Date

18-November-2018

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☐ Yes

☒ No

Corresponding Author's Name

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Paulo	2. Surname (Last Name) Pereira	3. Date 18-November-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Corresponding Author's Name _____		
5. Manuscript Title Surgical treatment for congenital dislocation of the patella in a young adult		
6. Manuscript Identifying Number (if you know it) _____		

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