ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
<tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Daltro</td>
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<tr>
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<td>14-November-2015</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✗ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>hernigou</td>
</tr>
<tr>
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Are there any relevant conflicts of interest?  

- Yes ✗ No

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

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Dr. Daltro has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Charles Henri

2. Surname (Last Name)
   Flouzat Lachaniette

3. Date
   14-November-2015

4. Are you the corresponding author? 
   ✔ No

   Corresponding Author’s Name
   hernigou

5. Manuscript Title
   Talus Osteonecrosis Related to Adult Sickle Cell Disease (Natural evolution from early to late stages)

6. Manuscript Identifying Number (if you know it)
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Section 6. Disclosure Statement

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Dr. Flouzat Lachaniette has nothing to disclose.

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1. Given Name (First Name)
   Frederic

2. Surname (Last Name)
   Galacteros

3. Date
   14-November-2015

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

   Corresponding Author’s Name
   hernigou

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