ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Cochran</td>
</tr>
<tr>
<td>3. Date</td>
<td>26-February-2018</td>
</tr>
</tbody>
</table>

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

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<th>5. Manuscript Title</th>
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</table>

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01593R1

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Dr. Cochran has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Bradley  
2. Surname (Last Name)  
   Deafenbaugh  
3. Date  
   26-February-2018  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Steele, Clarence  
5. Manuscript Title  
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Dr. Deafenbaugh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Kuhn

3. Date  
   26-February-2018

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Steele, Clarence

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1. Given Name (First Name) Christopher
2. Surname (Last Name) Renninger
3. Date 26-February-2018
4. Are you the corresponding author? Yes No

Corresponding Author’s Name
Steele, Clarence

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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<tr>
<td>Clarence</td>
<td>Steele</td>
<td>26-February-2018</td>
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Dr. Steele has nothing to disclose.

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