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)  
   Kevin

2. Surname (Last Name)  
   Shea

3. Date  
   20-August-2018

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

   Corresponding Author’s Name  
   Ferenc Toth

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Shea has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Cathy

2. **Surname (Last Name)**
   - Carlson

3. **Date**
   - 20-August-2018

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

   **Corresponding Author’s Name**
   - Ferenc Toth

5. **Manuscript Title**
   - Identification of Areas of Epiphyseal Cartilage Necrosis at Predilection Sites of JOCD in Juvenile Human Cadavers

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-00464R1

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Dr. Carlson reports grants from NIH, during the conduct of the study; .

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1. Given Name (First Name)  
   Jutta

2. Surname (Last Name)  
   Ellermann

3. Date  
   20-August-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Ferenc Toth DVM

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   Ferenc

2. Surname (Last Name)  
   Toth

3. Date  
   20-August-2018

4. Are you the corresponding author?  
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   No

5. Manuscript Title  
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<td>Marc</td>
<td>Tompkins</td>
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4. Are you the corresponding author? [ ] Yes [ ] No  
   Corresponding Author’s Name: Ferenc Toth

5. Manuscript Title  
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