ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Young-Jo

2. Surname (Last Name)  
   Kim

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author's Name  
   Eduardo Novais

5. Manuscript Title  
   Increased Posterior Epiphyseal Tilt Increases while Superior Epiphyseal Extension Reduces the Risk of Contralateral Slip in Unilateral SCFE

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mariana
2. Surname (Last Name) Ferrer
3. Date 01-April-2018
4. Are you the corresponding author? No
5. Manuscript Title Increased Posterior Epiphyseal Tilt Increases while Superior Epiphyseal Extension Reduces the Risk of Contralateral Slip in Unilateral SCFE
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name
Eduardo Novais

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Dr. Ferrer has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Daniel</td>
<td>Maranho</td>
<td>06-April-2018</td>
</tr>
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</table>

4. Are you the corresponding author? □ Yes □ No

**Corresponding Author’s Name**
Eduardo Novais

5. Manuscript Title
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Grant #2016/04376-3, São Paulo Research Foundation (FAPESP)

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Dr. Maranho reports and Grant #2016/04376-3, São Paulo Research Foundation (FAPESP).

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Section 1. Identifying Information

1. Given Name (First Name) Patricia
2. Surname (Last Name) Miller
3. Date 01-April-2018
4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Eduardo Novais

5. Manuscript Title
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Ms. Miller has nothing to disclose.

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1. Given Name (First Name) Eduardo
2. Surname (Last Name) Novais
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