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)  
   Alexander

2. Surname (Last Name)  
   Greenberg

3. Date  
   08-January-2017

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

5. Manuscript Title  
   Osteonecrosis of the Femoral Head and Hip Arthritis in an Adolescent Following an Isolated Fracture of the Greater Trochanter

6. Manuscript Identifying Number (if you know it)

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Dr. Greenberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ron
2. Surname (Last Name)  Lamdan
3. Date  08-January-2017
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Alexander Greenberg
5. Manuscript Title  Osteonecrosis of the Femoral Head and Hip Arthritis in an Adolescent Following an Isolated Fracture of the Greater Trochanter
6. Manuscript Identifying Number (if you know it)

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Dr. Lamdan has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Meir

2. **Surname (Last Name)**  
   Liebergall

3. **Date**  
   08-January-2017

4. **Are you the corresponding author?**  
   Yes ✔

   **Corresponding Author’s Name**  
   Alexander Greenberg

5. **Manuscript Title**  
   Osteonecrosis of the Femoral Head and Hip Arthritis in an Adolescent Following an Isolated Fracture of the Greater Trochanter

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<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Tamir</td>
<td>Tsohar</td>
<td>08-January-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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Dr. Tsohar has nothing to disclose.

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   Weil

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Corresponding Author’s Name
   Alexander Greenberg

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Dr. Weil has nothing to disclose.

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