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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Accadbled
ICMJE Form for Disclosure of Potential Conflicts of Interest

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<td>Accadbled</td>
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<td>3. Date</td>
<td>23-December-2016</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Pham TT</td>
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5. Manuscript Title
Arthroscopic osteochondral autograft transfer for juvenile osteochondritis dissecans of the humeral head

6. Manuscript Identifying Number (if you know it)

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Dr. Accadbled has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jean

2. Surname (Last Name)  
Kany

3. Date  
23-December-2016

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Arthroscopic osteochondral autograft transfer for juvenile osteochondritis dissecans of the humeral head

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Lakhal
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<td>Pham TT</td>
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1. Given Name (First Name)  
   Thuy Trang

2. Surname (Last Name)  
   Pham

3. Date  
   23-December-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Sales de Gauzy
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1. Given Name (First Name)  
   Jérôme

2. Surname (Last Name)  
   Sales de Gauzy

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   23-December-2016

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