ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)       Ristic
3. Date                      11-September-2018
4. Are you the corresponding author?  ☑ No
5. Manuscript Title          Unmasking hemophilia B after toxic synovitis
6. Manuscript Identifying Number (if you know it) CC-D-18-00275

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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PA Ristic 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)  
   Barbara

2. Surname (Last Name)  
   Minkowitz

3. Date  
   11-September-2018

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

5. Manuscript Title  
   Unmasking hemophilia B after toxic synovitis

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00275

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Minkowitz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Emily

2. Surname (Last Name)  
Lillie

3. Date  
11-September-2018

4. Are you the corresponding author?  
☑ No

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Emily Lillie has nothing to disclose.

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Gregory Jr
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Gregory Jr</td>
<td>18-October-2018</td>
</tr>
</tbody>
</table>

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

- Corresponding Author’s Name
- Barbara Minkowitz

5. Manuscript Title
- Unmasking hemophilia B after transient synovitis

6. Manuscript Identifying Number (if you know it)
- CC-D-18-00275R1

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