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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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Niv

2. Surname (Last Name)  
   Marom

3. Date  
   09-January-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Return to Play after Bipolar Patellofemoral Osteochondral Allograft Transplantation in a Professional Basketball Player

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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Are there any relevant conflicts of interest?  
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   No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Marom has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Snehal

2. Surname (Last Name)  
   Patel

3. Date  
   18-July-2018

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

5. Manuscript Title
   Return to Play after Bipolar Patellofemoral Osteochondral Allograft Transplantation in a Professional Basketball Player

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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   ☐ Yes  
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   ☐ Yes  
   ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  
   ✔ No
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Mr. Patel has nothing to disclose.

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1. Given Name (First Name)  Dean
2. Surname (Last Name)  Wang
3. Date  18-July-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
Return to Play after Bipolar Patellofemoral Osteochondral Allograft Transplantation in a Professional Basketball Player
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Section 1. Identifying Information

1. Given Name (First Name)  Riley J.
2. Surname (Last Name)  Williams
3. Date  18-July-2018
4. Are you the corresponding author?  Yes ☑ No
5. Manuscript Title  Return to Play after Bipolar Patellofemoral Osteochondral Allograft Transplantation in a Professional Basketball Player
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