

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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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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 Corresponding Author's Name

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)

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Section 1. Identifying Information

1. Given Name (First Name) Dean	2. Surname (Last Name) Wang	3. Date 18-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
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

Corresponding Author's Name

5. Manuscript Title

Return to Play after Bipolar Patellofemoral Osteochondral Allograft Transplantation in a Professional Basketball Player

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