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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Section 1. Identifying Information

1. Given Name (First Name) Steven
2. Surname (Last Name) Frick
3. Date 08-May-2011
4. Are you the corresponding author? ✔ Yes □ No

5. Manuscript Title
Management of Osteochondritis Dissecans of the Femoral Condyle

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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Section 4. Intellectual Property -- Patents & Copyrights

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Frick has nothing to disclose.

**Evaluation and Feedback**

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**Other:** Anything not covered under the previous three boxes

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Connor

2. Surname (Last Name)  
   Richmond

3. Date  
   08-March-2017

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

   Corresponding Author’s Name: Steven Frick

5. Manuscript Title  
   Management of Osteochondritis Dissecans of the Femoral Condyle: A Critical Analysis Review

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.)?  
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[ ] Yes  
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Dr. Richmond has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin  

2. Surname (Last Name)  
   Shea  

3. Date  
   08-March-2017  

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

   Corresponding Author’s Name  
   Steven Frick  

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Dr. Shea has nothing to disclose.

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<tbody>
<tr>
<td>Charles</td>
<td>Chan</td>
<td>08-May-2017</td>
</tr>
</tbody>
</table>

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