

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Michael

2. Surname (Last Name)
Cooley

3. Date
12-June-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Connor Sullivan

5. Manuscript Title
Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00054

Section 2. The Work Under Consideration for Publication

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Dr. Cooley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Connor

2. Surname (Last Name)
Sullivan

3. Date
01-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Matthew DiCaprio, MD

5. Manuscript Title
Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)

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Dr. Sullivan 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) Hamza	2. Surname (Last Name) Murtaza	3. Date 02-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew DiCaprio
5. Manuscript Title Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Murtaza has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
DiCaprio

3. Date
05-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions

6. Manuscript Identifying Number (if you know it)

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Dr. DiCaprio has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Jones	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Connor Sullivan
5. Manuscript Title Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions		
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Section 1. Identifying Information

1. Given Name (First Name) Jillian	2. Surname (Last Name) Kazley	3. Date 12-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Connor Sullivan
5. Manuscript Title Team Approach: Evaluation and Management of Low-Grade Cartilaginous Lesions		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-19-00054		

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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Dr. Kazley has nothing to disclose.

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