

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gildasio	2. Surname (Last Name) Daltro	3. Date 14-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name hernigou
5. Manuscript Title Talus Osteonecrosis Related to Adult Sickle Cell Disease (Natural evolution from early to late stages)		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-01074.		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Daltro 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) Charles Henri	2. Surname (Last Name) Flouzat Lachaniette	3. Date 14-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name hernigou
5. Manuscript Title Talus Osteonecrosis Related to Adult Sickle Cell Disease (Natural evolution from early to late stages)		
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Dr. Flouzat Lachaniette has nothing to disclose.

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1. Given Name (First Name) Frederic	2. Surname (Last Name) Galacteros	3. Date 14-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name hernigou
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1. Given Name (First Name)  
philippe

2. Surname (Last Name)  
Hernigou

3. Date  
14-November-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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