

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) Young-Jo	2. Surname (Last Name) Kim	3. Date 05-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eduardo Novais
5. Manuscript Title Increased Posterior Epiphyseal Tilt Increases while Superior Epiphyseal Extension Reduces the Risk of Contralateral Slip in Unilateral SCFE		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kim 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)
Mariana

2. Surname (Last Name)
Ferrer

3. Date
01-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eduardo Novais

5. Manuscript Title
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Dr. Ferrer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Maranho

3. Date
06-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Eduardo Novais

5. Manuscript Title
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Grant #2016/04376-3, São Paulo Research Foundation (FAPESP)

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Dr. Maranhão reports and Grant #2016/04376-3, São Paulo Research Foundation (FAPESP).

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Section 1. Identifying Information

1. Given Name (First Name)
Patricia

2. Surname (Last Name)
Miller

3. Date
01-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Eduardo Novais

5. Manuscript Title
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Ms. Miller has nothing to disclose.

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Eduardo

2. Surname (Last Name)
Novais

3. Date
07-April-2018

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