

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)
Christian

2. Surname (Last Name)
Pean

3. Date
13-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Direct to Consumer Advertising of Stem Cell Clinics: Ethical Considerations and Recommendations for the Healthcare Community

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00266R1

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Dr. Pean has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Joseph

2. Surname (Last Name)

Bosco

3. Date

13-April-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Christian A. Pean MD, MS

5. Manuscript Title

Direct to Consumer Advertising of Stem Cell Clinics: Ethical Considerations and Recommendations for the Healthcare Community

6. Manuscript Identifying Number (if you know it)

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Dr. Bosco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Strauss	3. Date 13-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian A. Pean MD, MS
5. Manuscript Title Direct to Consumer Advertising of Stem Cell Clinics: Ethical Considerations and Recommendations for the Healthcare Community		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00266R1		

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Section 1. Identifying Information

1. Given Name (First Name)

Joanne

2. Surname (Last Name)

Halbrecht

3. Date

14-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Christian A. Pean MD, MS

5. Manuscript Title

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Matthew

2. Surname (Last Name)
Kingery

3. Date
13-April-2019

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Yes No

Corresponding Author's Name
Christian A. Pean MD, MS

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