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)**
   - Ferenc

2. **Surname (Last Name)**
   - Toth

3. **Date**
   - 12-October-2020

4. **Are you the corresponding author?**
   - Yes

Corresponding Author’s Name
- Michael Chau

5. **Manuscript Title**
   - Osteochondritis Dissecans: Current Understanding of Epidemiology, Etiology, Management, and Outcomes

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-20-01399

### Section 2. The Work Under Consideration for Publication

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Dr. Toth reports grants from the National Institutes of Health during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Cathy
2. Surname (Last Name)  Carlson
3. Date  12-October-2020
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
"Osteochondritis Dissecans: Current Understanding of Epidemiology, Etiology, Management, and Outcomes"

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name) Bradley
2. Surname (Last Name) Nelson
3. Date 12-October-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Michael Chau, MD

5. Manuscript Title
Osteochondritis Dissecans: Current Understanding of Epidemiology, Etiology, Management, and Outcomes

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Dr. Nelson reports other from Marrow Access Technologies, other from Histogenics, other from Regentis, outside the submitted work; .

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1. Given Name (First Name) Jutta
2. Surname (Last Name) Ellermann
3. Date 13-October-2020
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5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
Mikhail

2. Surname (Last Name)  
Klimstra

3. Date  
12-October-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Michael Chau

5. Manuscript Title  
Osteochondritis Dissecans: Current Understanding of Epidemiology, Etiology, Management, and Outcomes

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01399

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Dr. Klimstra has nothing to disclose.

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1. Given Name (First Name)  
Kelsey

2. Surname (Last Name)  
Wise

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12-October-2020

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☑ No

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Michael Chau

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Dr. Wise has nothing to disclose.

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1. Given Name (First Name) Marc
2. Surname (Last Name) Tompkins
3. Date 12-October-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Michael Chau
5. Manuscript Title Osteochondritis Dissecans: Current Understanding of Epidemiology, Etiology, Management, and Outcomes
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