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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Anser
2. Surname (Last Name) Daud
3. Date  12-August-2020
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
   Outcomes of Bulk Fresh Osteochondral Allografts for Cartilage Restoration in the Knee
6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-00350

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.)?

Are there any relevant conflicts of interest?  No

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Dr. Daud 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) Allan
2. Surname (Last Name) Gross
3. Date 12-August-2020
4. Are you the corresponding author? □ Yes ✔ No
   Corresponding Author's Name Anser Daud
5. Manuscript Title
   Outcomes of Bulk Fresh Osteochondral Allografts for Cartilage Restoration in the Knee
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Section 2. The Work Under Consideration for Publication

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Dr. Gross has nothing to disclose.

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<tr>
<td>Paul</td>
<td>Kuzyk</td>
<td>12-August-2020</td>
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<td>Safir</td>
<td>12-August-2020</td>
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Corresponding Author’s Name
Anser Daud

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

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