

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marco	2. Surname (Last Name) Colangeli	3. Date 29-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Campanacci
5. Manuscript Title Resurfaced allograft prosthetic composite for proximal tibia reconstruction in children. Surgical technique		
6. Manuscript Identifying Number (if you know it) ST-D-15-00010R1		

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

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Colangeli has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Davide	2. Surname (Last Name) Donati	3. Date 29-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Campanacci
5. Manuscript Title Resurfaced allograft prosthetic composite for proximal tibia reconstruction in children. Surgical technique		
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Dr. Donati 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)

Laura

2. Surname (Last Name)

Campanacci

3. Date

29-January-2015

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

RESURFACED ALLOGRAFT PROSTHETIC COMPOSITE FOR PROXIMAL TIBIA RECONSTRUCTION IN CHILDREN. SURGICAL TECHNIQUE

6. Manuscript Identifying Number (if you know it)

JBJS-D-14-00447R3

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