

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)
David

2. Surname (Last Name)
Flanigan

3. Date
20-January-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Microfracture - A Narrative Review

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Flanigan reports personal fees from Sanofi, personal fees from Smith and Nephew, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Timothy	2. Surname (Last Name) Hewett	3. Date 20-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David C. Flanigan
5. Manuscript Title Microfracture - A Narrative Review		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hewett has nothing to disclose.

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Kaeding	3. Date 20-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David C. Flanigan
5. Manuscript Title Microfracture - A Narrative Review		
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Dr. Kaeding has nothing to disclose.

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1. Given Name (First Name) Robert	2. Surname (Last Name) Magnussen	3. Date 20-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David C. Flanigan
5. Manuscript Title Microfracture - A Narrative Review		
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