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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Bryan
2. Surname (Last Name)  Vopat
3. Date  08-January-2020
4. Are you the corresponding author?  Yes  ✓ No

Corresponding Author’s Name  Mary K. Mulcahey

5. Manuscript Title
   Epidemiology, Diagnosis, and Management of Tibial Tubercle Avulsion Fractures in Adolescents

6. Manuscript Identifying Number (if you know it)

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Dr. Vopat has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mary

2. Surname (Last Name)  
   Mulcahey

3. Date  
   08-January-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Epidemiology, Diagnosis, and Management of Tibial Tubercle Avulsion Fractures in Adolescents

6. Manuscript Identifying Number (if you know it)

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   ✔ Yes  
   No

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Dr. Mulcahey reports other from AAOS, other from ACSM Translational Journal, other from AOSSM, personal fees from Arthrex, other from AANA, other from Ortho Info, other from Ruth Jackson Orthopaedic Society, other from The Forum, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)   
   Wendell

2. Surname (Last Name)   
   Cole

3. Date   
   08-January-2020

4. Are you the corresponding author?   
   No

Corresponding Author’s Name   
Mary K. Mulcahey

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

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1. Given Name (First Name) Wendell
2. Surname (Last Name) Heard
3. Date 08-January-2020
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Mary K. Mulcahey
5. Manuscript Title
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Symone

2. **Surname (Last Name)**
   Brown

3. **Date**
   08-January-2020

4. **Are you the corresponding author?**
   [ ] Yes  ✔ No

   **Corresponding Author’s Name**
   Mary K. Mulcahey

5. **Manuscript Title**
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