

## 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)  
Olumuyiwa

2. Surname (Last Name)  
Idowu

3. Date  
24-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Lewis Shi

5. Manuscript Title  
Remplissage—when and how to fill in the defect

6. Manuscript Identifying Number (if you know it)  
AOJ-17-81

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Dr. Idowu 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) Michael	2. Surname (Last Name) Chiu	3. Date 24-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lewis Shi
5. Manuscript Title Remplissage—when and how to fill in the defect		
6. Manuscript Identifying Number (if you know it) AOJ-17-81		

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

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Dr. Chiu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Miller	3. Date 24-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lewis Shi
5. Manuscript Title Remplissage—when and how to fill in the defect		
6. Manuscript Identifying Number (if you know it) AOJ-17-81		

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### Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Koh

3. Date

24-September-2017

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Lewis Shi

5. Manuscript Title

Remplissage—when and how to fill in the defect

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Dr. Koh has nothing to disclose.

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Lewis

2. Surname (Last Name)  
Shi

3. Date  
24-September-2017

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