

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)
Vicente

2. Surname (Last Name)
Sanchis-Alfonso

3. Date
06-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Evaluation of anterior knee pain patient: clinical and radiological assessment including psychological factors

6. Manuscript Identifying Number (if you know it)
AOJ-2018-PJ-07

Section 2. The Work Under Consideration for Publication

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Dr. Sanchis-Alfonso 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) Javier	2. Surname (Last Name) Coloma-Saiz	3. Date 06-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Vicente Sanchis-Alfonso
5. Manuscript Title Evaluation of anterior knee pain patient: clinical and radiological assessment including psychological factors		
6. Manuscript Identifying Number (if you know it) AOJ-2018-PJ-07		

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Dr. Coloma-Saiz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
María

2. Surname (Last Name)
Herrero-Herrero

3. Date
06-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Vicente Sanchis-Alfonso

5. Manuscript Title

Evaluation of anterior knee pain patient: clinical and radiological assessment including psychological factors

6. Manuscript Identifying Number (if you know it)

AOJ-2018-PJ-07

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1. Given Name (First Name)

Josep

2. Surname (Last Name)

Prades-Piñón

3. Date

06-March-2018

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Yes No

Corresponding Author's Name

Vicente Sanchis-Alfonso

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Cristina

2. Surname (Last Name)
Ramírez-Fuentes

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Yes No

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