

## 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)  
Gisella

2. Surname (Last Name)  
Newbery

3. Date  
17-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Maria Demma Cabral

5. Manuscript Title  
Amenorrhea in adolescents

6. Manuscript Identifying Number (if you know it)  
PM-2018-AG-07(PM-19-86)

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Dr. Newbery 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) Mekala	2. Surname (Last Name) Neelakantan	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Demma Cabral, M.D.
5. Manuscript Title Amenorrhea in adolescents		
6. Manuscript Identifying Number (if you know it) PM-2018-AG-07(PM-19-86)		

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

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Dr. Neelakantan has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Maria Demma

2. Surname (Last Name)  
Cabral

3. Date  
17-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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1. Given Name (First Name) Hatim	2. Surname (Last Name) Omar	3. Date 17-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Maria Demma Cabral
5. Manuscript Title Amenorrhea in adolescents		
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