

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jennifer

2. Surname (Last Name)  
Balun

3. Date  
19-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Maria Demma Cabral

5. Manuscript Title  
Endometriosis in adolescents

6. Manuscript Identifying Number (if you know it)  
PM-2018-AG-08(PM-19-79)

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Dr. Balun has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kathryn

2. Surname (Last Name)  
Dominick

3. Date  
19-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Maria Demma Cabral

5. Manuscript Title  
Endometriosis in adolescents

6. Manuscript Identifying Number (if you know it)  
PM-2018-AG-08(PM-19-79)

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Dr. Dominick 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  
19-June-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Endometriosis in adolescents

6. Manuscript Identifying Number (if you know it)  
PM-2018-AG-08(PM-19-79)

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### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Debra  | 2. Surname (Last Name)<br>Taubel                                    | 3. Date<br>19-June-2019                           |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Maria Demma Cabral |
| 5. Manuscript Title<br>Endometriosis in adolescents                          |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>PM-2018-AG-08(PM-19-79) |   |   |

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