

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Todd	2. Surname (Last Name) Hayano	3. Date 28-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Early Sport Specialization in the Adolescent Female Athlete		
6. Manuscript Identifying Number (if you know it) AOJ-2020-SRI-06		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Hayano 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)

Hillary

2. Surname (Last Name)

Plummer

3. Date

04-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Todd Hayano

5. Manuscript Title

Early Sport Specialization in the Adolescent Female Athlete

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Plummer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gretchen

2. Surname (Last Name)

Oliver

3. Date

04-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Todd Hayano

5. Manuscript Title

Early Sport Specialization in the Adolescent Female Athlete

6. Manuscript Identifying Number (if you know it)

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Dr. Oliver has nothing to disclose.

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1. Given Name (First Name)
James

2. Surname (Last Name)
Andrews

3. Date
30-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Todd Hayano, DO

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fast Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member and StockHolder
Select Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	National Medical Director

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Dr. Andrews reports other from Fast Health , other from Select Medical , outside the submitted work; .

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