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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## Section 1. Identifying Information

1. Given Name (First Name)  
   Isabella

2. Surname (Last Name)  
   Mak

3. Date  
   10-January-2014

4. Are you the corresponding author?  
   Yes [ ]  No [ ]

   Corresponding Author’s Name  
   Michelle Ghert

5. Manuscript Title  
   A translational study of the neoplastic cells of Giant Cell Tumor of Bone following neoadjuvant Denosumab

6. Manuscript Identifying Number (if you know it)  
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Mak has nothing to disclose.

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<tr>
<td>Richard</td>
<td>Tozer</td>
<td>10-January-2014</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

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Section 1. Identifying Information

1. Given Name (First Name)  Snezana
2. Surname (Last Name)  Popovic
3. Date  10-January-2014

4. Are you the corresponding author?  No

Corresponding Author’s Name  Michelle Ghert

5. Manuscript Title
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<tr>
<td>Michelle</td>
<td>Ghert</td>
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1. Given Name (First Name)  
   Nathan

2. Surname (Last Name)  
   Evaniew

3. Date  
   10-January-2014

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   - No  
   ✔ No

Corresponding Author’s Name  
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