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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<td>Boyce</td>
<td>04-May-2015</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

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<td>Michael Collins</td>
</tr>
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5. Manuscript Title
Bone Grafting in Polyostotic Fibrous Dysplasia

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
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Dr. Boyce 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)  
   Michael

2. Surname (Last Name)  
   Collins

3. Date  
   04-May-2015

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

5. Manuscript Title  
   Bone Grafting in Polyostotic Fibrous Dysplasia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   ✔ No

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Dr. Collins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Harvey

2. Surname (Last Name)  
   Kushner

3. Date  
   11-May-2015

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Bone Grafting in Polyostotic Fibrous Dysplasia

6. Manuscript Identifying Number (if you know it)  
   JBJS.15.00547

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
No

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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Section 1. Identifying Information

1. Given Name (First Name)  Shlomo
2. Surname (Last Name)      Wientroub
3. Date                     14-May-2015
4. Are you the corresponding author?  No
5. Manuscript Title
   Bone Grafting in Polyostotic Fibrous Dysplasia
6. Manuscript Identifying Number (if you know it)
   JBJS.15.00547

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Dr. Wientroub has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Khalda
2. Surname (Last Name)  
   Ibrahim
3. Date  
   21-October-2015
4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Michael T. Collins, MD

5. Manuscript Title  
   Bone grafting in polyostotic fibrous dysplasia

6. Manuscript Identifying Number (if you know it)

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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Salary support via grant to Dr. Leet</td>
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Dr. Ibrahim reports receiving salary support from a grant from the Fibrous Dysplasia Foundation, during the conduct of the study

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