ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  Gerard
2. Surname (Last Name)  Schaap
3. Date  18-August-2014

4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  M.P.A. Bus

5. Manuscript Title
Hemicortical resection and inlay allograft reconstruction for primary bone tumors: a retrospective evaluation in the Netherlands and review of literature

6. Manuscript Identifying Number (if you know it)  N/A

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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?  Yes  No
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Dr. Schaap has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Ingrid
2. Surname (Last Name)  van der Geest
3. Date  18-August-2014
4. Are you the corresponding author?  Yes  No  Yes
5. Manuscript Title
Hemicortical resection and inlay allograft reconstruction for primary bone tumors: a retrospective evaluation in the Netherlands and review of literature
6. Manuscript Identifying Number (if you know it)  N/A

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Dr. van der Geest has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jos
2. Surname (Last Name)  Bramer
3. Date  18-August-2014
4. Are you the corresponding author?  
   Yes  [ ]  No  [X]
5. Manuscript Title
   Hemicortical resection and inlay allograft reconstruction for primary bone tumors: a retrospective evaluation in the Netherlands and review of literature
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Dr. Bramer has nothing to disclose.

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1. Given Name (First Name)  Paul
2. Surname (Last Name)  Jutte
3. Date  18-August-2014
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
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   Bart

2. Surname (Last Name)  
   Schreuder

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   18-August-2014

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   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   M.P.A. Bus

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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Michiel</td>
<td>van de Sande</td>
<td>18-August-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- Yes  
- No  

5. Manuscript Title
   Hemicortical resection and inlay allograft reconstruction for primary bone tumors: a retrospective evaluation in the Netherlands and review of literature

6. Manuscript Identifying Number (if you know it)
   N/A

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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| 1. Given Name (First Name)       | Michaël          |
| 2. Surname (Last Name)          | Bus              |
| 3. Date                         | 18-August-2014   |

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

5. Manuscript Title
   Hemicortical resection and inlay allograft reconstruction for primary bone tumors: a retrospective evaluation in the Netherlands and review of literature

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Dijkstra
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sander

2. Surname (Last Name)  
   Dijkstra

3. Date  
   18-August-2014

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name

5. Manuscript Title  
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