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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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)  David
2. Surname (Last Name)  Cheong
3. Date  25-November-2014
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Xiaohui Niu
5. Manuscript Title
Chondroblastoma of bone in the extremities: a multicenter retrospective study
6. Manuscript Identifying Number (if you know it)
JBJS-D-14-00992R1

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Are there any relevant conflicts of interest?  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Cheong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Douglas

2. Surname (Last Name)  
   Letson

3. Date  
   25-November-2014

4. Are you the corresponding author?  
   ☐ Yes  ☑ No
   Corresponding Author’s Name  
   Xiaohui Niu

5. Manuscript Title  
   Chondroblastoma of bone in the extremities: a multicenter retrospective study

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-14-00992R1

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Dr. Letson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Dylan
2. Surname (Last Name)  Nugent
3. Date  11-November-2014
4. Are you the corresponding author?  Yes ☑ No
Corresponding Author’s Name  Xiaohui Niu
5. Manuscript Title  Chondroblastoma of bone in the extremities: a multicenter retrospective study
6. Manuscript Identifying Number (if you know it)  JBJS-D-14-00992R1

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Dr. Nugent has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Hairong

2. **Surname (Last Name)**
   - Xu

3. **Date**
   - 01-November-2014

4. **Are you the corresponding author?**
   - Yes [✓] No
   - Corresponding Author’s Name: Xiaohui Niu

5. **Manuscript Title**
   - Chondroblastoma of bone in the extremities: a multicenter retrospective study

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-14-00992R1

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Dr. Xu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hector
2. Surname (Last Name) Monforte
3. Date 11-October-2014
4. Are you the corresponding author? ☑ Yes ☐ No
Corresponding Author’s Name Xiaohui Niu
5. Manuscript Title Chondroblastoma of bone in the extremities: a multicenter retrospective study
6. Manuscript Identifying Number (if you know it) JBJS-D-14-00992R1

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Dr. Monforte has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Odion  
2. Surname (Last Name)  Binitie  
3. Date  11-October-2014  
4. Are you the corresponding author?  Yes  No  
   Corresponding Author's Name  Xiaohui Niu  
5. Manuscript Title  Chondroblastoma of bone in the extremities: a multicenter retrospective study  
6. Manuscript Identifying Number (if you know it)  JBJS-D-14-00992R1  

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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Are there any relevant conflicts of interest?  Yes  No  

Section 4. Intellectual Property -- Patents & Copyrights

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Xiaohui
2. Surname (Last Name)  Niu
3. Date  25-November-2014
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Chondroblastoma of bone in the extremities: a multicenter retrospective study

6. Manuscript Identifying Number (if you know it)
JBJS-D-14-00992R1

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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?  ✔ No
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1. Given Name (First Name)  
Yi

2. Surname (Last Name)  
Ding

3. Date  
25-November-2014

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

Corresponding Author’s Name  
Xiaohui Niu

5. Manuscript Title  
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