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.

1. Identifying information.
2. The work under consideration for publication.
   
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.
   
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

**Pending:** The patent has been filed but not issued

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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)  
   Francis

2. Surname (Last Name)  
   Hornicek

3. Date  
   02-October-2014

4. Are you the corresponding author?  
   □ Yes  ✔ No
   Corresponding Author's Name
   Joseph H. Schwab, MD

5. Manuscript Title  
   What's new in Primary Musculoskeletal Tumors

6. Manuscript Identifying Number (if you know it)  
   JBJS D-14-01014

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   □ Yes  ✔ No

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Are there any relevant conflicts of interest?  
   ✔ Yes  □ No
   If yes, please fill out the appropriate information below.

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</thead>
<tbody>
<tr>
<td>Biomet</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>unrestricted educational grant</td>
</tr>
<tr>
<td>Stryker Ortho and Spine</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>educational courses</td>
</tr>
</tbody>
</table>

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 6. Disclosure Statement

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Dr. Hornicek reports other from Biomet, other from Stryker Ortho and Spine, outside the submitted work.

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Raskin
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Raskin

3. Date  
01-October-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name

5. Manuscript Title  
What's New in Primary Bone Tumors

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. Raskin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Joseph  Schwab  02-October-2014

4. Are you the corresponding author? ☑ Yes  ☐ No

5. Manuscript Title
What's new in Primary Musculoskeletal Tumors

6. Manuscript Identifying Number (if you know it)
JBJS D-14-1-14

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Dr. Schwab reports other from Biomet, personal fees from Stryker Spine, personal fees from Biom'Up, outside the submitted work.

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)  
   Santiago

2. Surname (Last Name)  
   Lozano Calderon

3. Date  
   01-October-2014

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

5. Manuscript Title  
   What is New in Primary Bone Tumors

6. Manuscript Identifying Number (if you know it)

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Dr. Lozano Calderon has nothing to disclose.

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   Henry

2. Surname (Last Name)  
   Mankin

3. Date  
   03-October-2014

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   Yes ☐  No ☑

Corresponding Author's Name  
Joseph H. Schwab, MD, MS

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