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.**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ian

2. Surname (Last Name)  
   Foran

3. Date  
   08-May-2015

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title

   Fusobacterium Nucleatum Osteomyelitis of the Femur in a Patient with Hereditary Hemorrhagic Telangiectasia: A Case

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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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?  
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Dr. Foran has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Matthew

2. Surname (Last Name)  
Kinney

3. Date  
08-May-2015

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

5. Manuscript Title  
Fusobacterium Nucleatum Osteomyelitis of the Femur in a Patient with Hereditary Hemorrhagic Telangiectasia: A Case

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Dr. Kinney has nothing to disclose.

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Botte
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## Section 1. Identifying Information

<table>
<thead>
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<th>1. Given Name (First Name)</th>
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</tr>
</thead>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Botte</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-May-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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</tbody>
</table>

**Corresponding Author’s Name**

| Ian Foran |

**Manuscript Title**

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Section 1. Identifying Information

1. Given Name (First Name) Dana
2. Surname (Last Name) Covey
3. Date 08-May-2015
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
Fusobacterium Nucleatum Osteomyelitis of the Femur in a Patient with Hereditary Hemorrhagic Telangiectasia: A Case
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Dr. Covey reports non-financial support from American Academy of Orthopaedic Surgeons, Board of Councilors, non-financial support from Society of Military Orthopaedic Surgeons, Board of Directors, outside the submitted work.

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