

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.

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4. Intellectual Property.

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

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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)
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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Section 6. Disclosure Statement

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Dr. Foran has nothing to disclose.

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) Matthew	2. Surname (Last Name) Kinney	3. Date 08-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Kinney has nothing to disclose.

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Botte

3. Date

08-May-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Ian Foran

5. Manuscript Title

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Dr. Botte has nothing to disclose.

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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 Corresponding Author's Name
Ian Foran

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Academy of Orthopaedic Surgeons, Board of Councilors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Society of Military Orthopaedic Surgeons, Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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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