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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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Cameron</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Patthanacharoenphon</td>
</tr>
<tr>
<td>3. Date</td>
<td>08-October-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Peter Lasater, MD</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Enchondroma Protuberans of the Ulna in a Pediatric Patient</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary</td>
<td>Davis</td>
<td>02-October-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Peter Lasater, MD

5. Manuscript Title

Enchondroma Protuberans of the Ulna in a Pediatric Patient

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Davis has nothing to disclose.

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#### Section 1. Identifying Information

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

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

3. **Date**
   - 31-October-2015

4. **Are you the corresponding author?**  
   - Yes  ✔  No

5. **Manuscript Title**
   - Enchondroma Protuberans of the Ulna in a Pediatric Patient

6. **Manuscript Identifying Number (if you know it)**

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Section 1. Identifying Information

1. Given Name (First Name) Matthew
2. Surname (Last Name) Steensma
3. Date 26-October-2015
4. Are you the corresponding author? Yes No
   ✔

5. Manuscript Title
   Enchondroma Protuberans of the Ulna in a Pediatric Patient

6. Manuscript Identifying Number (if you know it)

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