

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Christopher

2. Surname (Last Name)  
Cannon

3. Date  
26-January-2015

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title  
Conventional chondrosarcoma after total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Mark	2. Surname (Last Name) Manoso	3. Date 26-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Conventional chondrosarcoma after total knee arthroplasty		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name) Hannah	2. Surname (Last Name) Morehouse	3. Date 26-January-2015
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5. Manuscript Title Conventional chondrosarcoma after total knee arthroplasty		
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1. Given Name (First Name)  
David

2. Surname (Last Name)  
Wilson

3. Date  
26-January-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Conventional chondrosarcoma after total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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