ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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

5. Manuscript Title  
   Conventional chondrosarcoma after total knee arthroplasty

6. Manuscript Identifying Number (if you know it)

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## Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Manoso

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)

## Section 2. The Work Under Consideration for Publication

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No

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1. Given Name (First Name)  
   Hannah

2. Surname (Last Name)  
   Morehouse

3. Date  
   26-January-2015

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

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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

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