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)  
Kharma

2. Surname (Last Name)  
Foucher

3. Date  
01-April-2016

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Steven Gitelis

5. Manuscript Title  
Acetabular Osteoarticular Allograft After Ewing’s Sarcoma Resection: A Fifteen Year Follow-up

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Dr. Foucher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Steven
2. Surname (Last Name)  Gitelis
3. Date  01-April-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Acetabular Osteoarticular Allograft After Ewing’s Sarcoma Resection: A Fifteen Year Follow-up
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below.

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<td>Paid consultant</td>
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Dr. Gitelis reports personal fees from Onkos Surgical, outside the submitted work; .

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1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Gross

3. Date  
   01-April-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Steven Gitelis

5. Manuscript Title  
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1. Given Name (First Name)  
   Ken N

2. Surname (Last Name)  
   Kuo

3. Date  
   01-April-2016

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   Yes [x]  No

   Corresponding Author’s Name  
   Steven Gitelis

5. Manuscript Title  
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Dr. Kuo has nothing to disclose.

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<td>Riff</td>
<td>01-April-2016</td>
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Dr. Riff has nothing to disclose.

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