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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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Megan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Anderson</td>
</tr>
<tr>
<td>3. Date</td>
<td>29-December-2015</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
</tr>
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</table>

**Corresponding Author’s Name**

Ehsan Saadat MD

<table>
<thead>
<tr>
<th>5. Manuscript Title</th>
<th>Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip</th>
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<tr>
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### Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? ☑ Yes No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Anderson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Glotzbecker
3. Date 21-December-2015
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Ehsan Saadat MD
5. Manuscript Title
   Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>both receive industry support</td>
</tr>
</tbody>
</table>

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Dr. Glotzbecker reports personal fees from Medtronic, personal fees from Depuy, other from GSSG/CSSG member, outside the submitted work.

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<th>Ehsan</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Saadat</td>
</tr>
<tr>
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1. Given Name (First Name)  Sara
2. Surname (Last Name)  Vargas
3. Date  28-December-2015
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Corresponding Author’s Name  Ehsan Saadat MD

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