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)
   Timothy

2. Surname (Last Name)
   Alton

3. Date
   11-January-2014

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

   Corresponding Author’s Name
   Ernest U. Conrad III M.D.

5. Manuscript Title
   Ewing’s Sarcoma After Treatment of a Unicameral Bone Cyst of the Proximal Humerus

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
[ ] Yes  [X] No

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

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Section 6. Disclosure Statement

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Dr. Alton has nothing to disclose.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Jodi</td>
<td>Miles</td>
<td>11-January-2014</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

<table>
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<th>5. Manuscript Title</th>
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Dr. Miles has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Antionette
2. Surname (Last Name)  Lindberg
3. Date  11-January-2014
4. Are you the corresponding author?  
   Yes  ✔  No
5. Manuscript Title
   Ewing’s Sarcoma After Treatment of a Unicameral Bone Cyst of the Proximal Humerus

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Dr. Lindberg has nothing to disclose.

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1. Given Name (First Name)  
   Ernest

2. Surname (Last Name)  
   Conrad

3. Date  
   11-January-2014

4. Are you the corresponding author?  
   ✔ Yes  □ No

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<th>Non-Financial Support?</th>
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<td>Lifenet Health</td>
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<td>□</td>
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<td>□</td>
<td>Financial support for research purposes and financial support to travel to meeting, unrelated to this project</td>
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Dr. Conrad reports grants from Lifenet Health, outside the submitted work; .

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