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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Henderson
3. Effective Date (07-August-2008) 09-August-2013
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
Aneurysmal Bone Cyst of the Patella Mimicking Patellofemoral Syndrome

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
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<td>Type</td>
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<tr>
<td>1. Grant</td>
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Henderson
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The Work Under Consideration for Publication

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<th>Name of Entity</th>
<th>Comments**</th>
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<tr>
<td>7. Other</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
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* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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<tr>
<td>1. Board membership</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>2. Consultancy</td>
<td>✔️</td>
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<td>☐</td>
<td></td>
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<tr>
<td>3. Employment</td>
<td>✔️</td>
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<td>4. Expert testimony</td>
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<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5. Grants/grants pending</td>
<td>✔️</td>
<td>☐</td>
<td>☐</td>
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<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✔️</td>
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### Relevant financial activities outside the submitted work

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<td>9. Royalties</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>10. Payment for development of educational presentations</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<td>11. Stock/stock options</td>
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<td>☐</td>
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<td></td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✔</td>
<td>☐</td>
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---

### Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ✔ No other relationships/conditions/circumstances that present a potential conflict of interest
- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Matthew

2. **Surname (Last Name)**
   - Stein

3. **Effective Date**
   - (07-August-2008) 09-August-2013

4. **Are you the corresponding author?**
   - Yes [✓] No [ ]
   - Corresponding Author's Name
     - Eric R. Henderson

5. **Manuscript Title**
   - Aneurysmal Bone Cyst of the Patella Mimicking Patellofemoral Syndrome

6. **Manuscript Identifying Number (if you know it)**

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

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. Relationships not covered above.
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.
Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  MARK
2. Surname (Last Name)  GEBHARDT
3. Date  23-December-2013
4. Are you the corresponding author?  Yes  No  ✔
5. Manuscript Title  ANEURYSMAL BONE CYST OF THE PATELLA MIMICKING PATELLOFEMORAL PAIN SYNDROME
6. Manuscript Identifying Number (if you know it)  

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  ✔

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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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<thead>
<tr>
<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>EMPLOYMENT</td>
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<tr>
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<td>✔</td>
<td></td>
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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. GEBHARDT reports personal fees from SENIOR ASSOC. EDITOR FOR CLINICAL ORTHOPAEDICS AND RELATED RESEARCH, personal fees from UP-TO-DATE, from null, outside the submitted work;

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