ICMJE Form for Disclosure of Potential Conflicts of Interest

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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Hitesh

2. Surname (Last Name)  
   Shah

3. Date  
   23-July-2016

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

5. Manuscript Title  
   A rare case of congenital tibia-femur fusion with bilateral proximal femoral focal deficiency

6. Manuscript Identifying Number (if you know it)

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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.)?

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   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Shah has nothing to disclose.

Evaluation and Feedback

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Imthiaz</td>
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Krupa

2. Surname (Last Name)
Shah

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23-August-2016

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Corresponding Author’s Name
Hitesh Shah

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