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)  
   Jennifer

2. Surname (Last Name)  
   Black

3. Date  
   02-April-2018

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

   Corresponding Author’s Name  
   Nathan Donaldson, DO

5. Manuscript Title  
   OSTEOSARCOMA IN AN ADOLESCENT WITH KNIEST DYSPLASIA: A CASE REPORT

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00047

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Dr. Black has nothing to disclose.

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### Section 1. Identifying Information

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

2. **Surname (Last Name)**
   - Hadley Miller

3. **Date**
   - 02-April-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - OSTEOSARCOMA IN AN ADOLESCENT WITH KNIEST DYSPLASIA: A CASE REPORT

6. **Manuscript Identifying Number (if you know it)**
   - CC-D-18-00047

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

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Dr. Miller has nothing to disclose.

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Donaldson
### Section 1. Identifying Information

1. Given Name (First Name)  
   Nathan  

2. Surname (Last Name)  
   Donaldson  

3. Date  
   02-April-2018  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

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Tetreault
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<thead>
<tr>
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<th>Surname (Last Name)</th>
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</thead>
<tbody>
<tr>
<td>Allison</td>
<td>Tetreault</td>
<td>02-April-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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<td>Ramalingam</td>
<td>02-April-2018</td>
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Corresponding Author’s Name: Nathan Donaldson, DO

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Dr. Ramalingam has nothing to disclose.

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