

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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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) Achor      3. Date 16-February-2018

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Spontaneous Regeneration of a Critical Segmental Femoral Defect: A Case Report

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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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**.

Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker fees

### 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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Dr. Achor reports other from DePuy Synthes, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Denise

2. Surname (Last Name)

Hansen

3. Date

09-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Timothy Achor

5. Manuscript Title

Spontaneous Regeneration of a Critical Segmental Femoral Defect: A Case Report

6. Manuscript Identifying Number (if you know it)

bd7be93106254e3c

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

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Denise Hansen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Davis	3. Date 09-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Timothy Achor
5. Manuscript Title Spontaneous Regeneration of a Critical Segmental Femoral Defect: A Case Report		
6. Manuscript Identifying Number (if you know it) bd7be93106254e3c		

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Dr. Davis has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Krishna	2. Surname (Last Name) Vemulapalli	3. Date 09-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Timothy S. Achor
5. Manuscript Title Spontaneous Regeneration of a Critical Segmental Femoral Defect: A Case Report		
6. Manuscript Identifying Number (if you know it) bd7be93106254e3c		

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Dr. Vemulapalli has nothing to disclose.

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1. Given Name (First Name) James	2. Surname (Last Name) Kellam	3. Date 09-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Timothy Achor
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Dr. Kellam has nothing to disclose.

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