

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)

Ivan

2. Surname (Last Name)

Chebib

3. Date

02-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jonathan Lans

5. Manuscript Title

Proximal Radius Reconstruction After Desmoplastic Fibroma Resection

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Chebib 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)

Jonathan

2. Surname (Last Name)

Lans

3. Date

07-April-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Proximal Radius Reconstruction After Desmoplastic Fibroma Resection

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Lans 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)
Neal

2. Surname (Last Name)
Chen

3. Date
07-April-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jonathan Lans

5. Manuscript Title
Proximal Radius Reconstruction After Desmoplastic Fibroma Resection

6. Manuscript Identifying Number (if you know it)

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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
Flexion Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Miami Device Solutions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecturer

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Chen reports personal fees from Flexion Medical, personal fees from Miami Device Solutions, personal fees 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) Rene	2. Surname (Last Name) Castelein	3. Date 07-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jonathan Lans
5. Manuscript Title Proximal Radius Reconstruction After Desmoplastic Fibroma Resection		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Castelein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Santiago

2. Surname (Last Name)
Lozano-Calderon

3. Date
07-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jonathan Lans

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Lozano-Calderon has nothing to disclose.

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