

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 six parts.

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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)

Sarah

2. Surname (Last Name)

Moin

3. Date

09-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Dr Jarrad M Stevens

5. Manuscript Title

Desmoplastic Fibroma: A rare pathological mid-shaft femoral fracture treated with resection, acute shortening and re-lengthening

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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Ms. Moin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jarrad

2. Surname (Last Name)

Stevens

3. Date

09-June-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Desmoplastic Fibroma: A rare pathological mid-shaft femoral fracture treated with resection, acute shortening and re-lengthening

6. Manuscript Identifying Number (if you know it)

CC-D-18-00022R1

Section 2. The Work Under Consideration for Publication

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Dr. Stevens has nothing to disclose.

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1. Given Name (First Name)
James

2. Surname (Last Name)
Patton

3. Date
09-August-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr. Jarrad M Stevens

5. Manuscript Title
Desmoplastic Fibroma: A rare pathological mid-shaft femoral fracture treated with resection, acute shortening and re-lengthening

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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
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultancy work
Bone and Joint Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial Board

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Patton reports personal fees from Stryker, other from Bone and Joint Journal, outside the submitted work; .

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Donald

2. Surname (Last Name)
Salter

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09-August-2018

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Corresponding Author's Name
Dr J Stevens

5. Manuscript Title
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Dr. Salter has nothing to disclose.

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