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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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.

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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)  Sarah
2. Surname (Last Name)     Moin
3. Date                     09-August-2018
4. Are you the corresponding author?    Yes
327 ✔ 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)

Section 2. The Work Under Consideration for Publication

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.)? Are there any relevant conflicts of interest?  Yes ✔ No

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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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Ms. Moin has nothing to disclose.

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jarrad</td>
<td>Stevens</td>
<td>09-June-2018</td>
</tr>
</tbody>
</table>

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

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.)?  
Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stevens has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   Patton

3. Date  
   09-August-2018

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Dr. Jarrad M Stevens

5. Manuscript Title  
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✔ Yes  ❌ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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</tr>
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<tr>
<td>Stryker</td>
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<td>Consultancy work</td>
</tr>
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<td>❌</td>
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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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1. Given Name (First Name)  
Donald

2. Surname (Last Name)  
Salter

3. Date  
09-August-2018

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

Corresponding Author’s Name  
Dr J Stevens

5. Manuscript Title  
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