

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)
Karen

2. Surname (Last Name)
Bovid

3. Date
16-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lower extremity surgical treatment to improve function in a patient with Gollop-Wolfgang Complex

6. Manuscript Identifying Number (if you know it)
CC-D-18-00254R1

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Bovid has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Albright	3. Date 16-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen Bovid, MD
5. Manuscript Title Lower extremity surgical treatment to improve function in a patient with Gollop-Wolfgang Complex		
6. Manuscript Identifying Number (if you know it) CC-D-18-00254R1		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Jason

2. Surname (Last Name)

Habeck

3. Date

16-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Karen Bovid, MD

5. Manuscript Title

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1. Given Name (First Name) Josh	2. Surname (Last Name) Veenstra	3. Date 16-August-2018
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