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.

1. Identifying information.

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.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Other: Anything not covered under the previous three boxes
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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)  Barry
2. Surname (Last Name)  Brause
3. Date  18-June-2018
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  A Lytic Lesion in the Humerus Secondary to a Flu Shot
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?  ✔ 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.

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<thead>
<tr>
<th>Name of Entity</th>
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<th>Other?</th>
<th>Comments</th>
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<td></td>
<td>✔</td>
<td>Board member</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
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Section 6. Disclosure Statement

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Dr. Brause reports other from MSIS Board member, outside the submitted work; .

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)
   Brandon

2. Surname (Last Name)
   Erickson

3. Date
   18-June-2018

4. Are you the corresponding author?
   [ ] Yes  ✔ [ ] No

5. Manuscript Title
   A Lytic Lesion in the Humerus Secondary to a Flu Shot

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

## Section 3. Relevant financial activities outside the submitted work.

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

## 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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Section 6. Disclosure Statement

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Dr. Erickson 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) Edward
2. Surname (Last Name) DiCarlo
3. Date 18-June-2018
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Brandon Erickson
5. Manuscript Title
   A Lytic Lesion in the Humerus Secondary to a Flu Shot
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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Dr. DiCarlo reports personal fees from Wright Medical, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jo  

2. Surname (Last Name)  
   Hannafin  

3. Date  
   18-June-2018  

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Brandon Erickson

5. Manuscript Title  
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   ✔ No

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Are there any relevant conflicts of interest?  
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   ✔ No

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Dr. Hannafin reports other from AOSSM, other from Herodicus Society, other from RJOS, other from Medical Publishing Board AOSSM, outside the submitted work; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Callahan

3. Date  
   18-June-2018

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Brandon Erickson

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Are there any relevant conflicts of interest?  
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Dr. Callahan has nothing to disclose.

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