

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.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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? 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)

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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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
MSIS Board member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member

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

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)

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

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Erickson 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) 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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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
Wright Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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? Yes No Corresponding Author's Name
Brandon Erickson

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AOSSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member
Herodicus Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member
RJOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member
Medical Publishing Board AOSSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board member

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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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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?

 Yes No

Corresponding Author's Name

Brandon Erickson

5. Manuscript Title

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Dr. Callahan has nothing to disclose.

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