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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.**
   - Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Christopher

2. **Surname (Last Name)**
   - Collier

3. **Date**
   - 14-October-2018

4. **Are you the corresponding author?**
   - Yes [✓]

   **Corresponding Author’s Name**
   - William Naylor

5. **Manuscript Title**
   - Metachronous, polyostotic aneurysmal bone cysts in an adolescent female

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.

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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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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Collier 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)  
   Getty

3. Date  
   16-October-2018

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

   Corresponding Author’s Name  
   William Naylor

5. Manuscript Title  
   Metachronous, polyostotic aneurysmal bone cysts in an adolescent female

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 [x]

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Are there any relevant conflicts of interest?  
   Yes [ ]  No [x]

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes [ ]  No [x]
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Dr. Getty 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)  
   William

2. Surname (Last Name)  
   Naylor

3. Date  
   11-October-2018

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

5. Manuscript Title  
   Metachronous, polyostotic aneurysmal bone cysts in an adolescent female

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00263R1

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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   ☐ Yes  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Naylor 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)
   Raymond

2. Surname (Last Name)
   Redline

3. Date
   12-October-2018

4. Are you the corresponding author?
   Yes  ✔  No

   Corresponding Author’s Name
   William Naylor

5. Manuscript Title
   Metachronous, polyostotic aneurysmal bone cysts in an adolescent female

6. Manuscript Identifying Number (if you know it)
   CC-D-00263

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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   ✔ Yes  ✔ No

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Dr. Redline has nothing to disclose.

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