ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Assem

2. Surname (Last Name)  
Sultan

3. Date  
07-February-2019

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

5. Manuscript Title  
Osteoid Osteoma Masquerading as Cholelithiasis

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

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[ ] Yes  [✓] No

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Dr. Sultan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Carly
2. Surname (Last Name) Day
3. Date 07-February-2019

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Assem Sultan

5. Manuscript Title
Osteoid Osteoma Masquerading as Cholelithiasis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Hakan
2. Surname (Last Name) Ilaslan
3. Date 07-February-2019
4. Are you the corresponding author? ☑ No
5. Manuscript Title Osteoid Osteoma Masquerading as Cholelithiasis
6. Manuscript Identifying Number (if you know it)

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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? ☑ No

Ilaslan
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Dr. Ilaslan has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Joshua

2. Surname (Last Name)  
Lawrenz

3. Date  
07-February-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No  
Corresponding Author's Name  
Assem Sultan

5. Manuscript Title  
Osteoid Osteoma Masquerading as Cholelithiasis

6. Manuscript Identifying Number (if you know it)  

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1. Given Name (First Name)  Katherine
2. Surname (Last Name)  Wright
3. Date  07-February-2019
4. Are you the corresponding author?  [ ] Yes  [x] No
   Corresponding Author’s Name  Assem Sultan
5. Manuscript Title  Osteoid Osteoma Masquerading as Cholelithiasis
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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)**  
   Lutul

2. **Surname (Last Name)**  
   Farrow

3. **Date**  
   07-February-2019

4. **Are you the corresponding author?**  
   ✔ Yes  
   No

5. **Manuscript Title**  
   Osteoid Osteoma Masquerading as Cholelithiasis

6. **Manuscript Identifying Number (if you know it)**

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

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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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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Farrow has nothing to disclose.

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   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 07-February-2019

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Osteoid Osteoma Masquerading as Cholelithiasis

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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- **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. Fox 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)**
   - Nathan

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

3. **Date**
   - 07-February-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Osteoid Osteoma Masquerading as Cholelithiasis

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**

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

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Are there any relevant conflicts of interest? **Yes**

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Pain Consultant</td>
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</tbody>
</table>

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? **Yes**

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Mesko
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Dr. Mesko reports personal fees from Stryker, personal fees from Synthes, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ryan
2. Surname (Last Name)      Berger
3. Date  07-February-2019
4. Are you the corresponding author?  Yes  No  ❓
   Corresponding Author’s Name  Assem Sultan
5. Manuscript Title
   Osteoid Osteoma Masquerading as Cholelithiasis
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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Dr. Berger has nothing to disclose.

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