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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Section 1. Identifying Information

1. Given Name (First Name)  Matteo
2. Surname (Last Name)  Benedetti Valentini
3. Date  19-May-2015

4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author’s Name  Ernesto Ippolito

5. Manuscript Title
Two-Stage Surgical Treatment of Complex Femoral Deformities with Severe Coxa Vara in Polyostotic Fibrous Dysplasia.

6. Manuscript Identifying Number (if you know it)

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Dr. Benedetti Valentini 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)**
   - Pasquale

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

3. **Date**
   - 19-May-2015

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

5. **Manuscript Title**
   - Two-Stage Surgical Treatment of Complex Femoral Deformities with Severe Coxa Vara in Polyostotic Fibrous Dysplasia.

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

## Section 2. The Work Under Consideration for Publication

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<tr>
<td>Alessandro</td>
<td>Fichera</td>
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Corresponding Author’s Name

Ernesto Ippolito

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<th>Ernesto</th>
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<tr>
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