

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) Tae Won	2. Surname (Last Name) Kim	3. Date 30-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Mary Mulcahey
5. Manuscript Title Pigmented Villonodular Synovitis: A Comprehensive Literature Review and Proposed Treatment Algorithm		
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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Dr. Kim 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)
Richard

2. Surname (Last Name)
Lackman

3. Date
05-November-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Dr. Mary Mulcahey

5. Manuscript Title
Pigmented Villonodular Synovitis: A Comprehensive Review and Proposed Treatment Algorithm

6. Manuscript Identifying Number (if you know it)

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Dr. Lackman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mary

2. Surname (Last Name)
Mulcahey

3. Date
05-November-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pigmented Villonodular Synovitis: A Comprehensive Review and Proposed Treatment Algorithm

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Brandon	2. Surname (Last Name) Shallop	3. Date 05-November-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Mary Mulcahey
5. Manuscript Title Pigmented Villonodular Synovitis: A Comprehensive Review and Proposed Treatment Algorithm		
6. Manuscript Identifying Number (if you know it) _____		

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