

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tessa

2. Surname (Last Name)

Balach

3. Date

18-March-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The Multidisciplinary Treatment of Metastatic Tumors of the Femur

6. Manuscript Identifying Number (if you know it)

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Dr. Balach 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)

Jessica

2. Surname (Last Name)

Clement

3. Date

18-March-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Tessa Balach

5. Manuscript Title

The Multidisciplinary Treatment of Metastatic Tumors of the Femur

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Rafael

2. Surname (Last Name)

Pacheco

3. Date

18-March-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Tessa Balach

5. Manuscript Title

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Dr. Pacheco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Debasmita	2. Surname (Last Name) Saha	3. Date 16-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The Multidisciplinary Treatment of Metastatic Tumors of the Femur		
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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) O'Sullivan	3. Date 16-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tessa Balach
5. Manuscript Title The Multidisciplinary Treatment of Metastatic Tumors of the Femur		
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1. Given Name (First Name) Robert	2. Surname (Last Name) Dowsett	3. Date 22-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tessa Balach, MD
5. Manuscript Title Team Approach: The multidisciplinary treatment of metastatic tumors of the femoral diaphysis		
6. Manuscript Identifying Number (if you know it)		

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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.)?

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Dr. Dowsett has nothing to disclose.

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