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# ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Adam</td>
<td>Eltorai</td>
<td>14-November-2016</td>
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<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<td>☐ Yes</td>
<td>Bone Growth Stimulation</td>
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<td>☑ No</td>
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<th>6. Manuscript Identifying Number (if you know it)</th>
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<tr>
<th>Corresponding Author’s Name</th>
</tr>
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<tr>
<td>Alan Daniels</td>
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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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Dr. Eltorai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alan

2. Surname (Last Name)  
   Daniels

3. Date  
   25-April-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Bone Growth Stimulation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   No

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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Dr. Daniels reports other from DePuy, a Johnson & Johnson Company, other from Globus Medical, other from Orthofix, Inc., other from Osseus, other from Stryker, outside the submitted work.

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1. Given Name (First Name)  
Jack

2. Surname (Last Name)  
Haglin

3. Date  
14-November-2016

4. Are you the corresponding author?  

   ✔ No

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   Alan Daniels

5. Manuscript Title  
Bone Growth Stimulation

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   Sukrit
2. **Surname (Last Name)**  
   Jain
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   - Yes
   - No  
   ✔

   **Corresponding Author’s Name**  
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