ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Levin

3. Date  
   10-May-2018

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Intra-articular tumors: diagnosis and management of the most common neoplasms involving the synovial joint

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.)?

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Dr. Levin 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)  
   Wakenda

2. Surname (Last Name)  
   Tyler

3. Date  
   27-December-2017

4. Are you the corresponding author?  
   ✔ Yes    No

5. Manuscript Title  
   Intra-articular Tumors: Diagnosis and Management of the Most Common Neoplasms Involving the Synovial Joint

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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<th>Nicholas</th>
</tr>
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<tr>
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<td>Danford</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-May-2018</td>
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<td>4. Are you the corresponding author?</td>
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