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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Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Adam

2. Surname (Last Name)  
   Levin

3. Date  
   30-July-2018

4. Are you the corresponding author?  
   ✔ Yes   ☐ No

5. Manuscript Title  
   Team Approach: Emergencies in Patients with Skeletal Metastases

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?  
   ✔ No

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   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Levin has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Neuman

3. Date

4. Are you the corresponding author?  
   ✔ Yes  
   ✔ No

   Corresponding Author’s Name  
   Adam Levin

5. Manuscript Title  
   Team Approach: Emergencies in Patients with Skeletal Metastases

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.)?

Are there any relevant conflicts of interest?  
   ✔ Yes  
   ✔ No

### Section 3. Relevant financial activities outside the submitted work.

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   ✔ Yes  
   ✔ No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
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<td>speaking</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Neuman reports research grants from Depuy Synthes, personal fees for educational lectures from Medtronic, outside the submitted work.

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Meyer
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Christian
2. Surname (Last Name)  Meyer
3. Date  07-August-2018
4. Are you the corresponding author?  Yes  No  ✔

5. Manuscript Title
Team Approach: Emergencies in Patients with Skeletal Metastases

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  Sara
2. Surname (Last Name)  Alcom
3. Date  30-July-2018
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Adam Levin

5. Manuscript Title  Team Approach: Emergencies in Patients with Skeletal Metastases

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<tr>
<td>NIH KL2 Award</td>
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<td>2018 KL2 Mentored Career Development Award 5KL2TR001077 NIH/Johns Hopkins School of Public Health $293,000 PI:Alcorn 90% salary support for 2 years, divided over 3 years</td>
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