ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
Howard

2. Surname (Last Name)  
An

3. Date  
02-January-2019

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Philip King-Hung Louie

5. Manuscript Title  
Metastatic Renal Cell Carcinoma to the Spine and Extremities: Evaluation, Diagnosis, and Treatment

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights
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Dr. An reports non-financial support from U&I Inc, non-financial support from Zimmer, non-financial support from Articular Engineering LLC, grants and non-financial support from Medyssey Inc, non-financial support from Spinal Kinetics, personal fees from Bioventis Inc, personal fees from Stryker, grants from Spinalcyte, outside the submitted work;

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Colman

3. Date  
   02-January-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Philip King-Hung Louie

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Dr. Colman reports personal fees from Alphatec, personal fees from DePuy, A Johnson & Johnson Co., personal fees from K2M, personal fees from Medicrea, Inc, outside the submitted work.

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1. **Given Name (First Name)**
   - Rachel

2. **Surname (Last Name)**
   - Frank

3. **Date**
   - 02-January-2019

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [x]

   **Corresponding Author’s Name**
   - Philip King-Hung Louie

5. **Manuscript Title**
   - Metastatic Renal Cell Carcinoma to the Spine and Extremities: Evaluation, Diagnosis, and Treatment

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1. Given Name (First Name)  
   Philip

2. Surname (Last Name)  
   Louie

3. Date  
   02-January-2019

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

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6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Sayari has nothing to disclose.

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