ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# 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 four parts.**

## 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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

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ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Shohei
2. Surname (Last Name): Shiono
3. Effective Date (07-August-2008): 20-March-2013

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

Corresponding Author's Name: Kiyohisa Ogawa

5. Manuscript Title: Myositis ossificans circumscripta occurring in the subacromial space: A case exhibiting severe mechanical blocking of the shoulder 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

**The Work Under Consideration for Publication**

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| 1. Grant | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | ☑ | ☐ | ☐ | | | × |

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## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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## Relevant financial activities outside the submitted work

| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
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| 7. Payment for manuscript preparation | ☑ | ☐ | ☐ | | | × |

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|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
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| | | | | | | ADD |
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| | | | | | | ADD |
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| | | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 13. Other (err on the side of full disclosure) | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name): Kiyohisa
2. Surname (Last Name): Ogawa
3. Effective Date (07-August-2008): 20-March-2013

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

5. Manuscript Title
Myositis ossificans circumscripta occurring in the subacromial space: A case exhibiting severe mechanical blocking of the shoulder 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

**The Work Under Consideration for Publication**

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| 1. Grant | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | ☑ | ☐ | ☐ | | | × |

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| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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| Type of Relationship (in alphabetical order) | No | Money Paid to You | Money to Your Institution* | Entity | Comments | |
|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
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| | | | | | | ADD |
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| | | | | | | ADD |
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| | | | | | | ADD |
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| | | | | | | ADD |
| 9. Royalties | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 10. Payment for development of educational presentations | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 11. Stock/stock options | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 12. Travel/accommodations/ meeting expenses unrelated to activities listed** | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
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## Section 1. Identifying Information

1. Given Name (First Name): Noboru
2. Surname (Last Name): Matsumura
3. Effective Date (07-August-2008): 20-March-2013

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

Corresponding Author's Name: Kiyohisa Ogawa

5. Manuscript Title: Myositis ossificans circumscripta occurring in the subacromial space: A case exhibiting severe mechanical blocking of the shoulder joint

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**The Work Under Consideration for Publication**

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| 1. Grant | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consulting fee or honorarium | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Support for travel to meetings for the study or other purposes | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Payment for writing or reviewing the manuscript | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support | ☑ | ☐ | ☐ | | | × |

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## The Work Under Consideration for Publication

| Type | No | Money Paid to You | Money to Your Institution* | Name of Entity | Comments** | |
|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 7. Other | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |

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|---|---|---|---|---|---|---|
| 1. Board membership | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 2. Consultancy | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 3. Employment | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 4. Expert testimony | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 5. Grants/grants pending | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 6. Payment for lectures including service on speakers bureaus | ☑ | ☐ | ☐ | | | × |
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|---|---|---|---|---|---|---|
| | | | | | | ADD |
| 8. Patents (planned, pending or issued) | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
| 9. Royalties | ☑ | ☐ | ☐ | | | × |
| | | | | | | ADD |
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