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.

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Section 1. Identifying Information

1. Given Name (First Name): Stuart
2. Surname (Last Name): Kinsella
3. Effective Date (07-August-2008): 02-June-2013

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

5. Manuscript Title: Extra-Articular Pigmented Villonodular Synovitis of the Deep Infrapatellar Bursa: A Case Report

6. Manuscript Identifying Number (if you know it):

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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	☑	☐	☐			×
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6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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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): Brian
2. Surname (Last Name): Sennett
3. Effective Date (07-August-2008): 02-June-2013

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Stuart D. Kinsella

5. Manuscript Title: Extra-Articular Pigmented Villonodular Synovitis of the Deep Infrapatellar Bursa: A Case Report

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2. Consulting fee or honorarium	☑	☐	☐			×
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1. Given Name (First Name): James
2. Surname (Last Name): Carey
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Corresponding Author's Name: Stuart D. Kinsella

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