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 six parts.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Howard
2. Surname (Last Name): Goodman
3. Date: 02-March-2016

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

Corresponding Author's Name: Ryan Krochak

5. Manuscript Title: Atypical Tumoral Presentation of Calcium Pyrophosphate Deposition Disease

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

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Section 6. Disclosure Statement

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Dr. Goodman 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): Maya Deza
2. Surname (Last Name): Culbertson
3. Date: 02-March-2016

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

Corresponding Author's Name: Ryan Krochak

5. Manuscript Title: Atypical Tumoral Presentation of Calcium Pyrophosphate Deposition Disease

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

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Ms. Culbertson 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): Ryan
2. Surname (Last Name): Krochak
3. Date: 02-March-2016

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

5. Manuscript Title: Atypical Tumoral Presentation of Calcium Pyrophosphate Deposition Disease

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

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Section 1. Identifying Information

1. Given Name (First Name): Vincent
2. Surname (Last Name): Vigorita
3. Date: 29-March-2016

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

Corresponding Author's Name: Ryan Krochak

5. Manuscript Title: Atypical Tumoral Presentation of Calcium Pyrophosphate Deposition Disease

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