ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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): Dylan
2. Surname (Last Name): Nugent
3. Effective Date (07-August-2008): 15-April-2013

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

5. Manuscript Title: Periosteal Mesenchymal Chondrosarcoma in the Distal Tibia of a Four Year Old Boy: A Case Report

6. Manuscript Identifying Number (if you know it): CC-D-13-00044R1

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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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						ADD
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4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Hector
2. Surname (Last Name): Monforte
3. Effective Date (07-August-2008): 28-April-2013

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Dylan Nugent

5. Manuscript Title: Periosteal mesenchymal chondrosarcoma in the distal tibia of a 4 year old boy

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

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2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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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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9. Royalties	☑	☐	☐			×
						ADD
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11. Stock/stock options	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): George Douglas
2. Surname (Last Name): Letson
3. Effective Date (07-August-2008): 01-May-2013

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

Corresponding Author's Name: Dylan Nugent

5. Manuscript Title: Mesenchymal Chonrdosarcoma Case Report

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

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						ADD
7. Other	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Jeffrey
2. Surname (Last Name): Keen
3. Effective Date (07-August-2008): 23-April-2013

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

Corresponding Author's Name: Dylan Nugent

5. Manuscript Title: Mesenchymal Chonrdosarcoma Case Report

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

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3. Employment	☑	☐	☐			✕
						ADD
4. Expert testimony	☑	☐	☐			✕
						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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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	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						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
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Cheong
3. Effective Date (07-August-2008): 14-June-2013

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

Corresponding Author's Name: Dylan Nugent

5. Manuscript Title: Periosteal Mesynchymal Chondrosarcoma in the distal tibia of a four year old boy: a case report

6. Manuscript Identifying Number (if you know it): CC-D-13-00044R1

Section 2. The Work Under Consideration for Publication

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

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						ADD
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						ADD
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Alberto G.
2. Surname (Last Name): Ayala
3. Effective Date (07-August-2008): 01-May-2013

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

Corresponding Author's Name:

5. Manuscript Title: Mesenchymal Chondrosarcoma. Case report

6. Manuscript Identifying Number (if you know it): I donot know the number

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