

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.

1. Identifying information.

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".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Megan

2. Surname (Last Name)
Anderson

3. Date
29-December-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ehsan Saadat MD

5. Manuscript Title
Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Anderson 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) Michael	2. Surname (Last Name) Glotzbecker	3. Date 21-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ehsan Saadat MD
5. Manuscript Title Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching
GSSG/CSSG member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	both receive industry support

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Glotzbecker reports personal fees from Medtronic, personal fees from Depuy, other from GSSG/CSSG member, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ehsan

2. Surname (Last Name)
Saadat

3. Date
20-December-2015

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

5. Manuscript Title
Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip

6. Manuscript Identifying Number (if you know it)

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Dr. Saadat 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) Sara	2. Surname (Last Name) Vargas	3. Date 28-December-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ehsan Saadat MD
5. Manuscript Title Pediatric intra-articular localized tenosynovial giant cell tumor presenting as an acutely irritable hip		
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Dr. Vargas has nothing to disclose.

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