

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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Black 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir Jennifer	Given Name (First Name) 2. Su		3. Date 02-April-2018		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Nathan Donaldson, DO		
5. Manuscript Title OSTEOSARCOMA		VITH KNIEST DYSPLASIA: A	CASE REPORT		
6. Manuscript Ider CC-D-18-00047	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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 s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .		
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Dr. Black has nothing to disclose.

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patent

Hadley Miller 1



Section 1. Identifying In	formation				
Given Name (First Name) Nancy	2. Surname (Last Name) Hadley Miller	3. Date 02-April-2018			
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Nathan Donaldson			
5. Manuscript Title OSTEOSARCOMA IN AN ADOLESC	ENT WITH KNIEST DYSPLASIA: A	CASE REPORT			
6. Manuscript Identifying Number (if CC-D-18-00047	you know it)				
Section 2. The Work Unc	der Consideration for Public	ation			
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Hadley Miller 2



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Donaldson 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Nathan		2. Surname (Last Name) Donaldson		3. Date 02-April-2018	
4. Are you the cor	responding author?	✓ Yes	No		
5. Manuscript Title	e A IN AN ADOLESCENT V	VITH KNIES	T DYSPLASIA: A CASE	REPORT	
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Section 3.	Relevant financial	activities	outside the subm	itted work	
of compensation clicking the "Add	the appropriate boxes in the appropriate boxes in the state of the sta	n the table ibed in the port relatio	e to indicate whether instructions. Use one	you have financial rel line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	lutelle stud Duran	du Dede	nto 0 Comminhe		
	Intellectual Prope	ty Pate	ents & Copyrights		
Do you have any	patents, whether plan	ned, pendi	ng or issued, broadly	relevant to the work?	? ☐ Yes ✓ No

Donaldson 2



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Tetreault 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Allison		2. Surname (Last Name) Tetreault	3. Date 02-April-2018			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Nathan Donaldson, DO			
5. Manuscript Title Osteosarcoma in	an Adolescent with Kn	iiest Dysplasia: A Case Rep	ort			
6. Manuscript Ident CC-D-18-00047	tifying Number (if you kn	ow it)				
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Ramalingam 1



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1. Given Name (First Name) Wendy	2. Surname (Last Name) Ramalingam	3. Date 02-April-2018			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Nathan Donaldson, DO			
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