

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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2. The work under consideration for publication.

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4. Intellectual Property.

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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)

Brandon

2. Surname (Last Name)

Barnds

3. Date

31-December-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Liposclerosing Myxofibrous Tumor of the Distal Femur: A Case Report and Review of Literature

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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Section 6. Disclosure Statement

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Dr. Barnds 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)
Caleb

2. Surname (Last Name)
Grote

3. Date
31-December-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Brandon Barnds

5. Manuscript Title
Liposclerosing Myxofibrous Tumor of the Distal Femur: A Case Report and Review of Literature

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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Dr. Grote has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Mettman	3. Date 31-December-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Brandon Barnds
5. Manuscript Title Liposclerosing Myxofibrous Tumor of the Distal Femur: A Case Report and Review of Literature		
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1. Given Name (First Name)

Kimberly

2. Surname (Last Name)

Templeton

3. Date

31-December-2018

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☐ Yes

☒ No

Corresponding Author's Name

Brandon Barnds

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