

#### **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.

### Identifying information.

### The work under consideration for publication.

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### Intellectual Property.

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

## Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether

earning royalties or not

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

patent

Connell 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Philip	2. Surname (Last Name) Connell	3. Date 13-January-2019
4. Are you the corresponding author?	☐ Yes   ✓ No	Corresponding Author's Name Christina H. Son
5. Manuscript Title A Case Report of Radiation-Induced Sa	rcoma After Heterotopic O	ssification Prophylaxis
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under 0	Consideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 2		
Section 3. Relevant financia	activities outside the s	ubmitted work.
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Section 4. Intellectual Prope	rty Patents & Copyric	phts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Connell 2



Section 5. Polationships not sovered above
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Dr. Connell has nothing to disclose.

### **Evaluation and Feedback**

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Connell 3



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Farid 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Yasser	st Name)	2. Surname (Last Name) Farid	3. Date 13-January-2019
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Christina H. Son
5. Manuscript Title A Case Report of		coma After Heterotopic O	ssification Prophylaxis
6. Manuscript Iden	itifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	cation
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Section 3.	Relevant financial	activities outside the s	submitted work.
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Farid 2



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Dr. Farid has nothing to disclose.

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Guzman 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Grace	2. Surname (Last Name) Guzman	3. Date 24-June-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christina H. Son
5. Manuscript Title A Case Report of Radiation-Induced Sa	rcoma After Heterotopic O	ssification Prophylaxis
6. Manuscript Identifying Number (if you k CC-D-19-00146	now it)	
Section 2. The Work Under C	Consideration for Public	cation
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes V No

Guzman 2



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Dr. Guzman has nothing to disclose.

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

Majeed 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Nasma	rst Name)	2. Surname (Last Name) Majeed	3. Date 01-June-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Christina H. Son
5. Manuscript Title A Case Report of		rcoma After Heterotopic O	ssification Prophylaxis
6. Manuscript Ide CC-D-19-00146	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Majeed 2



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Majeed 3



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Onderdonk 1



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5. Manuscript Title A Case Report of		rcoma After Heterotopic O	ssification Prophylaxis
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Onderdonk 2



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Rosenberg 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) David	2. Surname (Last Name) Rosenberg	3. Date 13-January-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Christina H. Son
5. Manuscript Title A Case Report of Radiation-Induced Sa	rcoma After Heterotopic O	ssification Prophylaxis
6. Manuscript Identifying Number (if you k	know it)	
Section 2. The Work Under 0	Consideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Polyvant financia		
Relevant financia	l activities outside the s	ubmitted work.
of compensation) with entities as desc	ribed in the instructions. Us eport 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.
Section 4. Intellectual Prope	erty Patents & Copyric	jhts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Rosenberg has nothing to disclose.

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#### **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.

### 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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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### 4. Intellectual Property.

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

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1.	Identifying Inform	ation			
Given Name (First Name) Christina		2. Surname Son	e (Last Name)	3. Date 13-January-2019	
4. Are you the corresponding author?		✓ Yes	No		
5. Manuscript Title A Case Report of Radiation-Induced Sarcoma After Heterotopic Ossification Prophylaxis					
6. Manuscript Ider	ntifying Number (if you kr	ow it)			
Section 2.	The Work Under Co	onsiderati	on for Publication		
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Section 3.	Relevant financial	activities (	outside the submitted work.		
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Section 4.	Intellectual Proper	ty Paten	nts & Copyrights		
Do you have any			ng or issued, broadly relevant to the	work?	

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Section 5.	Deletionaline and commentations			
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Section 6.				
Section 6.	Disclosure Statement			
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Dr. Son has noth	ning to disclose.			

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