

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

Halpern 1



Section 1.	Identifying Inform	nation		
1. Given Name (Firs Jennifer	t Name)	2. Surname (Last Name) Halpern		3. Date 08-May-2017
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Nam Thomas H Freeman Jr.	ue
5. Manuscript Title A Systematic Revi	ew of Surgical Outcon	nes after Limb-Sparing Re	esection and Reconstruction f	or Pelvic Sarcoma
6. Manuscript Ident	ifying Number (if you kn	now it)		
			_	
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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 Yes				
Section 3.				
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation)	with entities as descri	bed in the instructions. U		tionships (regardless of amount ld as many lines as you need by onths prior to publication.
Are there any rele	vant conflicts of intere	est? Yes ✓ No		
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any p	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	Yes ✓ No

Halpern 2



Section 5. Relationships not sovered above
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✓ 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. Halpern has nothing to disclose.

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Holt 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Ginger	rst Name)	2. Surname (Last Name) Holt	3. Date 08-May-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Thomas H Freeman Jr
5. Manuscript Title A Systematic Rev		mes after Limb-Sparing Re	section and Reconstruction for Pelvic Sarcoma
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Section 3.	Polovant financial	activities outside the s	whoisted work
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	in the table to indicate who ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Holt 2



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Schwartz 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Herbert	2. Surname (Last Name) Schwartz	3. Date 08-May-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thomas H. Freeman Jr.
5. Manuscript Title A Systematic Review of Surgical Outco	mes after Limb-Sparing Re	section and Reconstruction for Pelvic Sarcoma
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Schwartz 2



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Board member of r	musculoskeletal transplant foundation (MTF)
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Dr. Schwartz repor	rts he is a Board member of musculoskeletal transplant foundation (MTF).

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Wilson 1



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Wilson 2



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Freeman 1



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4. Are you the corresponding author?	✓ Yes No		
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