

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".

3. Relevant financial activities outside the submitted work.

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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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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)
Boris

2. Surname (Last Name)
Holzapfel

3. Date
03-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dietmar Hutmacher

5. Manuscript Title
A Validated Preclinical Animal Model for Primary Bone Tumor Research

6. Manuscript Identifying Number (if you know it)
JBJS-D-15-00920R2

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

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|
| Deutsche Forschungsgesellschaft (DFG, German Research Society) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Fellowship (DFG HO 5056/1-1) |

Section 3. Relevant financial activities outside the submitted work.

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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 1. Identifying Information

1. Given Name (First Name) Dietmar 2. Surname (Last Name) Hutmacher 3. Date 03-February-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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| Australian Research Council | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Future Fellowship Program |
| Technical University Munich | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hans Fischer Senior Fellowship |

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Section 1. Identifying Information

1. Given Name (First Name)
Ferdinand

2. Surname (Last Name)
Wagner

3. Date
03-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dietmar Hutmacher

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)
Jean-Pierre

2. Surname (Last Name)
Lévesque

3. Date
04-February-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dietmar Hutmacher

5. Manuscript Title
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| National Health and Medical Research Council, Australia | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research Fellowship #1044091 |

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Section 1. Identifying Information

1. Given Name (First Name)
Laure

2. Surname (Last Name)
Thibaudeau

3. Date
08-April-1987

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Prof. Dietmar W Hutmacher

5. Manuscript Title
A Validated Preclinical Animal Model for Primary Bone Tumor Research

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Dr. Thibaudeau has nothing to disclose.

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4. Intellectual Property.

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

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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 Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Ming-TaT | 2. Surname (Last Name) Ling | 3. Date 21-August-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dietmar Hutmacher |
| 5. Manuscript Title A Validated Preclinical Animal Model for Primary Bone Tumor Research | | |
| 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

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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I declare no conflict of interest

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Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Melanie | 2. Surname (Last Name) Straub | 3. Date 19-August-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name D. Hutmacher |
| 5. Manuscript Title A Validated Preclinical Animal Model for Primary Bone Tumor Research | | |
| 6. Manuscript Identifying Number (if you know 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 No

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Melanie Straub has no conflicts of interest concerning this work

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Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Daniela | 2. Surname (Last Name) Lössner | 3. Date 09-November-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof. Hutmacher |
| 5. Manuscript Title A Validated Preclinical Animal Model for Primary Bone Tumor Research | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-15-00920R1 | | |

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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 No

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Dr. Lössner 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) Joachim | 2. Surname (Last Name) Grifka | 3. Date 09-November-2015 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Dietmar Hutmacher |
| 5. Manuscript Title A Validated Preclinical Animal Model for Primary Bone Tumor Research | | |
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Dr. Grifka has nothing to disclose.

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