

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alison	2. Surname (Last Name) Boyce	3. Date 04-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Collins
5. Manuscript Title Bone Grafting in Polyostotic Fibrous Dysplasia		
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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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. Boyce has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Collins

3. Date
04-May-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Bone Grafting in Polyostotic Fibrous Dysplasia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Collins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Harvey	2. Surname (Last Name) Kushner	3. Date 11-May-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael T. Collins, MD
5. Manuscript Title Bone Grafting in Polyostotic Fibrous Dysplasia		
6. Manuscript Identifying Number (if you know it) JBJS.15.00547		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kushner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Shlomo

2. Surname (Last Name)

Wientroub

3. Date

14-May-2015

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Michael T. Collins

5. Manuscript Title

Bone Grafting in Polyostotic Fibrous Dysplasia

6. Manuscript Identifying Number (if you know it)

JBJS.15.00547

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Dr. Wientroub has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Khalda 2. Surname (Last Name) Ibrahim 3. Date 21-October-2015

4. Are you the corresponding author? Yes No Corresponding Author's Name
Michael T. Collins, MD

5. Manuscript Title
Bone grafting in polyostotic fibrous dysplasia

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fibrous Dysplasia Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary support via grant to Dr. Leet

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Dr. Ibrahim reports receiving salary support from a grant from the Fibrous Dysplasia Foundation, during the conduct of the study

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