

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Wim

2. Surname (Last Name)
Wuyts

3. Date
30-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Annemarie L. Goud

5. Manuscript Title

INTRAOSSIOUS ATYPICAL CHONDROID TUMOR/CHONDROSARCOMA GRADE 1 IN PATIENTS WITH MULTIPLE
OSTEOCHONDROMAS

6. Manuscript Identifying Number (if you know it)

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Dr. Wuyts 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)
Henk Jan

2. Surname (Last Name)
van der Woude

3. Date
25-July-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Annemarie L. Goud

5. Manuscript Title
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Dr. van der Woude has nothing to disclose.

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1. Given Name (First Name)

John

2. Surname (Last Name)

Ham

3. Date

25-July-2014

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Annemarie L. Goud

5. Manuscript Title

INTRAOSSEOUS ATYPICAL CHONDROID TUMOR/CHONDROSARCOMA GRADE 1 IN PATIENTS WITH MULTIPLE OSTEOCHONDROMAS

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Jos

2. Surname (Last Name)

Bramer

3. Date

25-July-2014

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 Yes No

Corresponding Author's Name

Annemarie L. Goud

5. Manuscript Title

INTRAOSSEOUS ATYPICAL CHONDROID TUMOR/CHONDROSARCOMA GRADE 1 IN PATIENTS WITH MULTIPLE OSTEOCHONDROMAS

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Dr. Bramer has nothing to disclose.

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Johannes

2. Surname (Last Name)
Bessems

3. Date
25-July-2014

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Yes No

Corresponding Author's Name
Annemarie L. Goud

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Section 1. Identifying Information

1. Given Name (First Name)

Annemarie L

2. Surname (Last Name)

Goud

3. Date

25-July-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

INTRAOSSEOUS ATYPICAL CHONDROID TUMOR/CHONDROSARCOMA GRADE 1 IN PATIENTS WITH MULTIPLE OSTEOCHONDROMAS

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.)?

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Dr. Goud has nothing to disclose.

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