

## 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.

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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)

Lauren

2. Surname (Last Name)

Ehrlichman

3. Date

03-December-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Nontuberculous Mycobacterial Osteomyelitis of the Thumb Initially Diagnosed as Tuberculosis

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

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Emily	2. Surname (Last Name) Hyle	3. Date 02-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lauren K. Ehrlichman, M.D.
5. Manuscript Title Nontuberculosis mycobacterial osteomyelitis of the thumb		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Dr. Hyle 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) Jesse	2. Surname (Last Name) Jupiter	3. Date 04-December-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lauren K. Ehrlichman, M.D.
5. Manuscript Title Nontuberculosis mycobacterial osteomyelitis of the thumb		
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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OHK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock
Aptis Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
TriMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
AO Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant and Research Support



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Dr. Jupiter serves as a consultant to TriMed and Aptis Medical, serves as a consultant to and receives research support from the AO Foundation, and owns stock or stock options in OHK.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Kadzielski	3. Date 26-November-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Nontuberculous Mycobacterial Osteomyelitis of the Thumb Initially Diagnosed as Tuberculosis		
6. Manuscript Identifying Number (if you know it) _____		

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