

## 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)

Eric

2. Surname (Last Name)

Cohen

3. Date

18-April-2014

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Rapid Onset Diffuse Skeletal Fluorosis from Inhalant Abuse: A Case Report

6. Manuscript Identifying Number (if you know it)

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

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Dr. Cohen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Evangelista

3. Date  
02-June-2014

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Cohen, Eric

5. Manuscript Title  
Rapid Onset Diffuse Skeletal Fluorosis from Inhalant Abuse: A Case Report

6. Manuscript Identifying Number (if you know it)  
CC-D-14-00085

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

### 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. Evangelista reports personal fees from Wright Medical Group, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lee

2. Surname (Last Name)  
Rubin

3. Date  
18-April-2014

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Eric M. Cohen

5. Manuscript Title  
Rapid Onset Diffuse Skeletal Fluorosis from Inhalant Abuse: A Case Report

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ray	2. Surname (Last Name) Hsu	3. Date 18-April-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Eric M. Cohen
5. Manuscript Title Rapid Onset Diffuse Skeletal Fluorosis from Inhalant Abuse: A Case Report		
6. Manuscript Identifying Number (if you know it)		

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Roy

2. Surname (Last Name)

Aaron

3. Date

18-April-2014

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 Yes No

Corresponding Author's Name

Eric M. Cohen

5. Manuscript Title

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Dr. Aaron has nothing to disclose.

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