

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Motaz	2. Surname (Last Name) AlAqeel	3. Date 19-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anas Nooh
5. Manuscript Title Extrasosseous Aneurysmal Bone Cyst in patient over 40 years old: Case Report and Review of The Literature		
6. Manuscript Identifying Number (if you know it)		

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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

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Dr. AlAqeel 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)  
Anas

2. Surname (Last Name)  
Nooh

3. Date  
19-December-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Extrasosseous Aneurysmal Bone Cyst in patient over 40 years old: Case Report and Review of The Literature

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Dr. Nooh has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Turcotte

3. Date  
19-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anas Nooh

5. Manuscript Title

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anas Nooh
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