ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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)  
Divakar

2. Surname (Last Name)  
Lal

3. Date  
30-December-2019

4. Are you the corresponding author?  
[ ] Yes  [x] No

Corresponding Author’s Name  
Timothy A. Damron, MD

5. Manuscript Title  
Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00614R1

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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.)?  

Are there any relevant conflicts of interest?  
[ ] Yes  [x] No

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Are there any relevant conflicts of interest?  
[ ] Yes  [ ] No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocks</td>
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<td></td>
<td></td>
<td>[✓]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Centene Health &amp; Gilead Sciences</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Divakar Lal reports stocks, outside the submitted work.

Evaluation and Feedback

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Damron

3. Effective Date (07-August-2008)  
   30-December-2019

4. Are you the corresponding author?  
   ☑ Yes  ❌ No

5. Manuscript Title
   Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it)
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Complete each row by checking “No” or providing the requested information. If you have more than one relationship click the “Add” button to add a row. Excess rows can be removed by clicking the “X” button.

<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
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<th>Money to Your Institution*</th>
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</tr>
</thead>
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<td>1. Grant</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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</tbody>
</table>
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The Work Under Consideration for Publication

<table>
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<th>Type</th>
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<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Other</td>
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<td>✅</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to submission.

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<table>
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</tr>
<tr>
<td>1. Board membership</td>
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<tr>
<td>1. Board membership</td>
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<tr>
<td>2. Consultancy</td>
</tr>
<tr>
<td>3. Employment</td>
</tr>
<tr>
<td>4. Expert testimony</td>
</tr>
<tr>
<td>5. Grants/grants pending</td>
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</table>
## Relevant financial activities outside the submitted work

<table>
<thead>
<tr>
<th>Type of Relationship (in alphabetical order)</th>
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<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Entity</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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<td>5. Grants/grants pending</td>
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<td></td>
<td>Carol Baldwin Breast Cancer Research Foundation</td>
<td>Unrelated Work</td>
</tr>
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<td>6. Payment for lectures including service on speakers bureaus</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Payment for manuscript preparation</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Patents (planned, pending or issued)</td>
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<td></td>
<td></td>
<td>Orthopedic Retractor Device</td>
<td>Patent Pending</td>
</tr>
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<td></td>
<td>Up To Date</td>
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</tr>
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<td>10. Payment for development of educational presentations</td>
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<td></td>
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<tr>
<td>11. Stock/stock options</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
<td></td>
<td>✓</td>
<td></td>
<td>Stryker, Inc.</td>
<td>Educational Course</td>
</tr>
<tr>
<td>13. Other (err on the side of full disclosure)</td>
<td>✓</td>
<td></td>
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</tr>
</tbody>
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* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
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   Rana

2. Surname (Last Name)  
   Naous

3. Date  
   01-January-2020

4. Are you the corresponding author?  
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   Timothy A. Damron

5. Manuscript Title  
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Dr. Naous has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Ola

2. Surname (Last Name)  
   El-Zammar

3. Date  
   07-January-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

   Corresponding Author’s Name  
   Timothy A. Damron

5. Manuscript Title  
   Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. El-Zammar has nothing to disclose.

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