

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Honeycutt	3. Date 21-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Williams
5. Manuscript Title Pediatric Tenosynovial Giant Cell Tumor of the Flexor Hallucis Longus Tendon Sheath		
6. Manuscript Identifying Number (if you know it) CC-D-19-00519		

### 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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Dr. Honeycutt has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Manci	3. Date 21-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Williams
5. Manuscript Title Pediatric Tenosynovial Giant Cell Tumor of the Flexor Hallucis Longus Tendon Sheath		
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Dr. Mancini has nothing to disclose.

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1. Given Name (First Name) Prasit	2. Surname (Last Name) Nimityongsukul	3. Date 21-November-2019
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1. Given Name (First Name)  
Richard

2. Surname (Last Name)  
Williams

3. Date  
21-November-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Pediatric Tenosynovial Giant Cell Tumor of the Flexor Hallucis Longus Tendon Sheath

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