ICMJE Form for Disclosure of Potential Conflicts of Interest

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5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Carol
2. Surname (Last Name)  Morris
3. Date  19-November-2019
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  High-grade sarcoma arising in association with an intraosseous lipoma
6. Manuscript Identifying Number (if you know it)  CC-D-19-00577

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

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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Section 6. Disclosure Statement

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Dr. Morris 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)  
   Edward

2. Surname (Last Name)  
   McCarthy

3. Date  
   26-November-2019

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

   Corresponding Author’s Name  
   Carol Morris

5. Manuscript Title  
   High grade sarcoma rising in association with an intraosseous lipoma

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00577

**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 ☑

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

**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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. McCarthy has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)    
   Mawn

3. Date  
   26-November-2019

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

   Corresponding Author’s Name  
   Carol Morris, MD

5. Manuscript Title  
   High-Grade Sarcoma Arising in Association with an Intraosseous Lipoma

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00577

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Dr. Mawn has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Laura
2. Surname (Last Name)  Fayad
3. Date  26-November-2019
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Carol Morris
5. Manuscript Title
   High-grade sarcoma arising in association with an intraosseous lipoma
6. Manuscript Identifying Number (if you know it)
   CC-D-19-00577

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Are there any relevant conflicts of interest?  Yes  ✔  No

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<td>NIH (R34AR073505)</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Cell-Based Autogenous Grafting for the Treatment of Femoral Head Osteonecrosis</td>
</tr>
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<td>OREF</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Does nailing pathologic fractures increase systemic tumor burden?</td>
</tr>
<tr>
<td>NIH (R01CA248312)</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Handheld PAI-PIT Device for Surgical Margins and Cancer</td>
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</tbody>
</table>
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Dr. Fayad reports grants from NIH (R34AR073505), grants from OREF, grants from NIH (R01CA248312), outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
R. Timothy  

2. Surname (Last Name)  
Kreulen  

3. Date  
26-November-2019  

4. Are you the corresponding author? ☐ Yes ☑ No  
Corresponding Author’s Name  
Carol Morris

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

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