

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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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

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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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. McCarthy has nothing to disclose.

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Section 4. Intellectual Property -- Patents & Copyrights

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Carol Morris
5. Manuscript Title High-grade sarcoma arising in association with an intraosseous lipoma		
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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
NIH (R34AR073505)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell-Based Autogenous Grafting for the Treatment of Femoral Head Osteonecrosis
OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does nailing pathologic fractures increase systemic tumor burden?
NIH (R01CA248312)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handheld PAI-PIT Device for Surgical Margins and Cancer

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Section 4. Intellectual Property -- Patents & Copyrights

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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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