

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Steve	2. Surname (Last Name) Mumm	3. Date 26-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wells
5. Manuscript Title A 44-year-old Woman with Painful Lower Extremity Polyostotic Disease		
6. Manuscript Identifying Number (if you know it)		

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Dr. Mumm has nothing to disclose.

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1. Given Name (First Name) Rebisi	2. Surname (Last Name) Owhonda	3. Date 26-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wells
5. Manuscript Title A 44-year old Woman with Painful Lower Extremity Polyostotic Disease		
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Mr. Owhonda has nothing to disclose.

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1. Given Name (First Name) Virginia	2. Surname (Last Name) Kimonis	3. Date 06-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joel Wells
5. Manuscript Title A 44-year-old Woman with Painful Lower Extremity Polyostotic Disease		
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Section 1. Identifying Information

1. Given Name (First Name)

Joel

2. Surname (Last Name)

Wells

3. Date

26-July-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A 44-year-old Woman with Painful Lower Extremity Polyostotic Disease

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