ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

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?  
   ✔ No

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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Section 1. Identifying Information

1. Given Name (First Name)  Rebisi
2. Surname (Last Name)  Owhonda
3. Date  26-July-2019
4. Are you the corresponding author?  No
5. Manuscript Title  A 44-year old Woman with Painful Lower Extremity Polyostotic Disease
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Owhonda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Virginia

2. Surname (Last Name)  
Kimonis

3. Date  
06-July-2019

4. Are you the corresponding author?  
[ ] Yes  [✓] 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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1. Given Name (First Name) Eric
2. Surname (Last Name) Lloyd
3. Date 06-July-2019
4. Are you the corresponding author? Yes
5. Manuscript Title
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Lloyd

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I have no disclosures

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