

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Rosenbaum	3. Date 13-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew R. DiCaprio
5. Manuscript Title The Evaluation and Management of Polyostotic Skeletal Lesions		
6. Manuscript Identifying Number (if you know it)		

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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. Rosenbaum has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Timothy	2. Surname (Last Name) Roberts	3. Date 13-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew R. DiCaprio
5. Manuscript Title The Evaluation and Management of Polyostotic Skeletal Lesions		
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Dr. Roberts has nothing to disclose.

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1. Given Name (First Name) Garrett	2. Surname (Last Name) Leonard	3. Date 13-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew R. DiCaprio
5. Manuscript Title The Evaluation and Management of Polyostotic Skeletal Lesions		
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1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Dicaprio

3. Date
13-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
The Evaluation and Management of Polyostotic Skeletal Lesions

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