

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)
Russell

2. Surname (Last Name)
Stitzlein

3. Date
09-May-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kristy Weber, MD

5. Manuscript Title
The Team Approach to Osteosarcoma of the Distal Femur in an Adolescent

6. Manuscript Identifying Number (if you know it)

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Dr. Stitzlein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

RONNIE

2. Surname (Last Name)

SEBRO

3. Date

10-May-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kristy Weber, MD

5. Manuscript Title

The Team Approach to Osteosarcoma of the Distal Femur in an Adolescent

6. Manuscript Identifying Number (if you know it)

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Dr. SEBRO has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Kristy

2. Surname (Last Name)
Weber

3. Date
05-February-2017

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

5. Manuscript Title
Team Management of Distal Femoral Osteosarcoma in Adolescents

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Wojcik	3. Date 10-May-2017
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Kristy Weber, MD
5. Manuscript Title The Team Approach to Osteosarcoma of the Distal Femur in an Adolescent		
6. Manuscript Identifying Number (if you know it) 		

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Dr. Wojcik has nothing to disclose.

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5. Manuscript Title The Team Approach to Osteosarcoma of the Distal Femur in an Adolescent		
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