

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) Michael	2. Surname (Last Name) Eckhoff	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Eric Wells
5. Manuscript Title Conventional Cartilaginous Tumors: Evaluation and Treatment		
6. Manuscript Identifying Number (if you know it) REVIEWS-D-20-00159		

Section 2. The Work Under Consideration for Publication

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Dr. Eckhoff has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lisa

2. Surname (Last Name)

Kafchinski

3. Date

16-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Matthew Eric Wells

5. Manuscript Title

Conventional Cartilaginous Tumors: Evaluation and Treatment

6. Manuscript Identifying Number (if you know it)

REVIEWS-D-20-00159

Section 2. The Work Under Consideration for Publication

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Dr. Kafchinski has nothing to disclose.

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1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Polfer	3. Date 16-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Eric Wells
5. Manuscript Title Conventional Cartilaginous Tumors: Evaluation and Treatment		
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Section 1. Identifying Information

1. Given Name (First Name)
Kyle

2. Surname (Last Name)
Potter

3. Date
16-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Matthew Eric Wells

5. Manuscript Title
Conventional Cartilaginous Tumors: Evaluation and Treatment

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Wells

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16-November-2020

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