Date:	ate: 06.09.2021			
Your Nan	ne:	Ricarda Seemann		
Manuscri	pt Title:	Osteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation		
Manuscri	ipt numl	per (if known): ATM-21-3343		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
C	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 06.09.2021

 Your Name:
 Georg Böning

 Manuscript Title:
 Osteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation

 Manuscript number (if known):
 ATM-21-3343

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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: (Date: 06.09.2021			
Your Name	e: Philipp Schwabe			
Manuscrip	t Title: Osteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation			
Manuscrip	t number (if known): ATM-21-3343			

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	manuscript writing or		
6	educational events	V. Nana	
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	testimony		
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	Advisory Board		
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	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	06.09.2	021
Your Nam	ne:	Ulf Teichgräber
Manuscri	pt Title:	Osteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation
Manuscri	ipt numl	per (if known): ATM-21-3343

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	manuscript writing or		
C	educational events	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	te: <u>06.09.2021</u>				
Your Nam	ne:	Bernhard Gebauer			
Manuscri	pt Title:	Osteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation			
Manuscri	ipt num	per (if known): ATM-21-3343			

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6	Payment for expert testimony	XNone	
	lestinolly		
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13	Other financial or non-	X None	
15	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:	21	
Your Nam	ne:	Iorian Streitparth
Manuscri	i <mark>pt Title:</mark> (Dsteoid osteoma: treatment outcome and long-term follow-up after MRI-guided laser ablation
Manuscri	ipt numbe	er (if known): ATM-21-3343

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