

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sean

2. Surname (Last Name)  
Kelly

3. Date  
30-January-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Free vascularized fibula reconstruction after multilevel total en bloc spondylectomy for primary bone malignancy: a surgical technique

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Kelly has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Dipak

2. Surname (Last Name)  
Ramkumar

3. Date  
30-January-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sean P. Kelly

5. Manuscript Title

Free vascularized fibula reconstruction after multilevel total en bloc spondylectomy for primary bone malignancy: a surgical technique

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Dr. Ramkumar has nothing to disclose.

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1. Given Name (First Name)  
Michiel

2. Surname (Last Name)  
Bongers

3. Date  
30-January-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Sean P. Kelly

5. Manuscript Title

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1. Given Name (First Name)

Joseph

2. Surname (Last Name)

Schwab

3. Date

30-January-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sean P. Kelly

5. Manuscript Title

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Dr. Schwab has nothing to disclose.

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