ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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</tr>
</thead>
<tbody>
<tr>
<td>Ane</td>
<td>Simony</td>
<td>02-May-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes [✔]  
   - No [ ]

5. Manuscript Title  
   Vertebroplasty for treatment of vertebral compression fractures in patients with Multiple Myeloma

6. Manuscript Identifying Number (if you know it)

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- Are there any relevant conflicts of interest?  
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  - No [✔]

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  - No [✔]

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes [ ]  
- No [✔]
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Dr. Simony 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)
   Emil Jesper

2. Surname (Last Name)
   Hansen

3. Date
   02-May-2014

4. Are you the corresponding author?
   ✔ No

   Corresponding Author’s Name
   Ane Simony

5. Manuscript Title
   Vertebroplasty for treatment of vertebral compression fractures in patients with Multiple Myeloma

6. Manuscript Identifying Number (if you know it)

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Dr. Hansen has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Mikkel Østerheden</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Andersen</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-May-2014</td>
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</table>

4. Are you the corresponding author? ☑ No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Andersen has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Marius
2. **Surname (Last Name)**
   - Gaurilcikas
3. **Date**
   - 02-May-2014
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Vertebroplasty for treatment of vertebral compression fractures in patients with Multiple Myeloma
6. **Manuscript Identifying Number (if you know it)**

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- Yes
- No

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1. Given Name (First Name)  
   Niels

2. Surname (Last Name)  
   Abilgaard

3. Date  
   02-May-2014

4. Are you the corresponding author?  
   [ ] Yes  [✔] No  
   Corresponding Author’s Name  
   Ane Simony

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Dr. Abilgaard has nothing to disclose.

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