

## 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) Christopher	2. Surname (Last Name) Brusalis	3. Date 13-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title Flexion-Type Supracondylar Humerus Fractures: Ulnar Nerve Injury Increases Risk of Open Reduction		
6. Manuscript Identifying Number (if you know it)		

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Dr. Brusalis has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

John

2. Surname (Last Name)

Flynn

3. Date

13-January-2017

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Flexion-Type Supracondylar Humerus Fractures: Ulnar Nerve Injury Increases Risk of Open Reduction

6. Manuscript Identifying Number (if you know it)

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John M. Flynn, MD has received royalties from Lippencott Williams & Williams and Biomet for work that has no relevance to the present study.

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1. Given Name (First Name)

Kelly

2. Surname (Last Name)

Flynn

3. Date

13-January-2017

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Yes  No

Corresponding Author's Name

John M. Flynn, MD

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Dr. Flynn has nothing to disclose.

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Leddy

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Apurva

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Shah

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13-January-2017

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