

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Donald

2. Surname (Last Name)
Bae

3. Date
02-November-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Capitellar Fractures in Children and Adolescents: Classification and Results of Treatment

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bae has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Praveen	2. Surname (Last Name) Murthy	3. Date 02-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald S. Bae, MD
5. Manuscript Title Capitellar Fractures in Children and Adolescents: Classification and Results of Treatment		
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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Murthy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Manahil	2. Surname (Last Name) Naqvi	3. Date 02-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald S. Bae, MD
5. Manuscript Title Capitellar Fractures in Children and Adolescents: Classification and Results of Treatment		
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Ms. Naqvi has nothing to disclose.

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1. Given Name (First Name) Carley	2. Surname (Last Name) Vuillermin	3. Date 02-November-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Donald S. Bae, MD
5. Manuscript Title Capitellar Fractures in Children and Adolescents: Classification and Results of Treatment		
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1. Given Name (First Name) Peter	2. Surname (Last Name) Waters	3. Date 02-November-2016
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