

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Barbara	2. Surname (Last Name) Harvey	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James G. Wright
5. Manuscript Title IS CASTING EFFECTIVE FOR RECURRENCE FOLLOWING PONSETI CLUBFOOT TREATMENT?		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01049R1		

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Barbara Harvey 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)
James G.

2. Surname (Last Name)
Wright

3. Date
15-August-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
IS CASTING EFFECTIVE FOR RECURRENCE FOLLOWING PONSETI CLUBFOOT TREATMENT?

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01049R1

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James G. Wright has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Magdalena	2. Surname (Last Name) Lysenko	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James G. Wright
5. Manuscript Title IS CASTING EFFECTIVE FOR RECURRENCE FOLLOWING PONSETI CLUBFOOT TREATMENT?		
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Magdalena Lysenko has nothing to disclose.

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1. Given Name (First Name) Rosanna	2. Surname (Last Name) Yankanah	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James G. Wright
5. Manuscript Title IS CASTING EFFECTIVE FOR RECURRENCE FOLLOWING PONSETI CLUBFOOT TREATMENT?		
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Rosanna Yankanah has nothing to disclose.

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1. Given Name (First Name) Veroniek M.	2. Surname (Last Name) van Praag	3. Date 15-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name James G. Wright
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