

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Michael	2. Surname (Last Name) Fisher	3. Date 17-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Mehlman
5. Manuscript Title Infantile (Less Than 2 Years of Age) Supracondylar Humeral Fractures: Twice As Common in Females & High Rate of Malunion With Lateral Column Only Fixation		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00391		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes 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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Section 6. Disclosure Statement

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Dr. Fisher 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)
James J

2. Surname (Last Name)
McCarthy

3. Date
17-May-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Charles T Mehlman, DO, MPH

5. Manuscript Title
Infantile (Less Than 2 Years of Age) Supracondylar Humeral Fractures: Twice As Common in Females & High Rate of Malunion With Lateral Column Only Fixation

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00391

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Royalties for Lippincott	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Speaker fee for Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Travel fee for POSNA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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. McCarthy reports other from Royalties for Lippincott, other from Speaker fee for Synthes, other from Travel fee for POSNA, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Charles T	2. Surname (Last Name) Mehlman	3. Date 17-May-2018
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Infantile (Less Than 2 Years of Age) Supracondylar Humeral Fractures: Twice As Common in Females & High Rate of Malunion With Lateral Column Only Fixation		
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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Hawaii Orthopaedic Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
Albert Einstein Hospital Sao Paulo, BRAZIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
Denver Children's Hospital / Univ Colorado	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
Michigan State University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
Vanderbilt University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
Penn State University / Hershey Children's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting Professor
NIH BrAIST II RO-1 (scoliosis bracing study)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant to Cincinnati Children's
US News & World Report Best Children's Hosp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pedi Ortho Work Group

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Journal Pediatric Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Editorial Board / Masthead
Journal Orthopaedic Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Editorial Board / Masthead
Journal of Children's Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Editorial Board / Masthead
The Spine Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Editorial Board / Masthead
Oakstone Medical Publishing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ortho Board Review Course Director

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. Mehlman reports personal fees from Hawaii Orthopaedic Association, personal fees from Albert Einstein Hospital Sao Paulo, BRAZIL, personal fees from Denver Children's Hospital / Univ Colorado, personal fees from Michigan State University, personal fees from Vanderbilt University, personal fees from Penn State University / Hershey Children's, grants from NIH BrAIST II RO-1 (scoliosis bracing study), other from US News & World Report Best Children's Hosp, non-financial support from Journal Pediatric Orthopaedics, non-financial support from Journal Orthopaedic Trauma, non-financial support from Journal of Children's Orthopaedics, non-financial support from The Spine Journal, personal fees from Oakstone Medical Publishing, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Jaime	2. Surname (Last Name) Denning	3. Date 16-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Charles Mehlman
5. Manuscript Title Infantile (Less Than 2 Years of Age) Supracondylar Humeral Fractures: Twice As Common in Females & High Rate of Malunion With Lateral Column Only Fixation		
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