

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ashok	2. Surname (Last Name) Shyam	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sandeep Patwardhan
5. Manuscript Title Non-union in pediatric femoral neck fractures		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01117		

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Dr. Shyam 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)
Sandeep

2. Surname (Last Name)
Patwardhan

3. Date
26-November-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Non-union in pediatric femoral neck fractures

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01117

Section 2. The Work Under Consideration for Publication

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Dr. Patwardhan has nothing to disclose.

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1. Given Name (First Name) Premal	2. Surname (Last Name) Naik	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sandeep Patwardhan
5. Manuscript Title Non-union in pediatric femoral neck fractures		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01117		

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Dr. Naik has nothing to disclose.

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1. Given Name (First Name) Sahil	2. Surname (Last Name) Sanghavi	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sandeep Patwardhan
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