

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)
Dennis

2. Surname (Last Name)
Devito

3. Date
05-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jacob Wilson

5. Manuscript Title
The Semi-Sterile Technique for Percutaneous Pinning of Supracondylar Humerus Fractures: Personal Protective Equipment and Cost Savings At No Risk to the Patients

6. Manuscript Identifying Number (if you know it)

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Dr. Devito 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) Kevin	2. Surname (Last Name) Farley	3. Date 05-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jacob Wilson
5. Manuscript Title The Semi-Sterile Technique for Percutaneous Pinning of Supracondylar Humerus Fractures: Personal Protective Equipment and Cost Savings At No Risk to the Patients		
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Dr. Farley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Fletcher

3. Date
05-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jacob Wilson

5. Manuscript Title
The Semi-Sterile Technique for Percutaneous Pinning of Supracondylar Humerus Fractures: Personal Protective Equipment and Cost Savings At No Risk to the Patients

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1. Given Name (First Name)
Andrew

2. Surname (Last Name)
Schwartz

3. Date
05-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jacob Wilson

5. Manuscript Title
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Jacob

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Wilson

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05-April-2020

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