ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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?  
   ☐ 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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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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Dr. Fletcher has nothing to disclose.

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## Section 1. Identifying Information

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**
   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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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacob</td>
<td>Wilson</td>
<td>05-April-2020</td>
</tr>
</tbody>
</table>

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Dr. Wilson has nothing to disclose.

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