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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   ISAM  

2. Surname (Last Name)  
   NASR  

3. Date  
   18-June-2019  

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Paul Sponseller  

5. Manuscript Title  
   Brachial artery pseudoaneurysm after supracondylar humerus fracture: a case report  

6. Manuscript Identifying Number (if you know it)  
   CC-D-19-00218  

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?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. NASR has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Sponseller

3. Date  
   18-June-2019

4. Are you the corresponding author?  
   Yes ☑ No ☐

5. Manuscript Title  
   Brachial artery pseudoaneurysm in a supracondylar humerus fracture

6. Manuscript Identifying Number (if you know it)  
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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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   Yes ☑ No ☐

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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</tr>
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</table>
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Dr. sponseller reports personal fees from depuy synthes spine, personal fees from globus, personal fees from orthopediatrics, outside the submitted work.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   Caleb

2. **Surname (Last Name)**
   Gottlich

3. **Date**
   01-July-2019

4. **Are you the corresponding author?**
   - Yes
   - No
   **Corresponding Author’s Name**
   Paul Sponseller

5. **Manuscript Title**
   Brachial artery pseudoaneurysm after supracondylar humerus fracture: a case report

6. **Manuscript Identifying Number (if you know it)**
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sarah

2. Surname (Last Name)  
   Tepper

3. Date  
   30-June-2019

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Paul Sponseller

5. Manuscript Title  
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