

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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) Benjamin	2. Surname (Last Name) Stein	3. Date 16-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Sponseller
5. Manuscript Title Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures		
6. Manuscript Identifying Number (if you know it) ST-D-15-00060		

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

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Are there any relevant conflicts of interest? Yes No

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Dr. Stein 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) Adam	2. Surname (Last Name) Margalit	3. Date 12-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Sponseller
5. Manuscript Title Percutaneous Screw Fixation of Lateral Condylar Humerus Fractures		
6. Manuscript Identifying Number (if you know it) ST-D-15-00060		

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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Dr. Margalit has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Sponseller

3. Date
16-August-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Percutaneous Screw Fixation of Lateral Condylar Humerus Fractures

6. Manuscript Identifying Number (if you know it)
ST-D-15-00060

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Section 1. Identifying Information

1. Given Name (First Name)
Hamid

2. Surname (Last Name)
Hassanzadeh

3. Date
12-August-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Paul Sponseller, MD

5. Manuscript Title
Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures

6. Manuscript Identifying Number (if you know it)
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Dr. Hassanzadeh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Ain	3. Date 19-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Sponseller, MD
5. Manuscript Title Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures		
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