

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Joshua	2. Surname (Last Name) Bram	3. Date 17-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Percutaneous Pinning of Pediatric Proximal Humerus Fractures		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Mr. Bram has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Theodore	2. Surname (Last Name) Ganley	3. Date 17-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Percutaneous Pinning of Pediatric Proximal Humerus Fractures		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Ganley has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

B. David

2. Surname (Last Name)

Horn

3. Date

17-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ishaan Swarup

5. Manuscript Title

Percutaneous Pinning of Pediatric Proximal Humerus Fractures

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Hughes

3. Date

17-May-2019

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Yes No

Corresponding Author's Name

Ishaan Swarup

5. Manuscript Title

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Ishaan

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