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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Alejandro

2. Surname (Last Name)  
Cazzulino

3. Date  
06-March-2020

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

Corresponding Author’s Name  
Ishaan Swarup

5. Manuscript Title  
Open Reduction and Fixation of Acute Sterno-clavicular Fracture-Dislocation in Children

6. Manuscript Identifying Number (if you know it)  
ST-D-19-00074R1

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Mr. Cazzulino has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apurva</td>
<td>Shah</td>
<td>15-November-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes ✔
   - No  

5. Manuscript Title  
   Team Approach: Rehabilitation for Brachial Plexus Birth Injury

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Shah has nothing to disclose.

**Evaluation and Feedback**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Spiegel

3. Date  
   06-March-2020

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

   Corresponding Author’s Name  
   Apurva Shah

5. Manuscript Title  
   Open Reduction and Fixation of Acute Sternoclavicular Fracture-Dislocations in Children

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

If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Orthopaedics Textbook by Springer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>I was co-editor of a book entitled “Global Orthopaedics” by Springer, and have received approximately $1100 in royalties</td>
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Dr. Spiegel reports other from Global Orthopaedics Textbook by Springer, outside the submitted work.

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Section 1. Identifying Information

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   Ishaan

2. Surname (Last Name)  
   Swarup

3. Date  
   06-March-2020

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
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Dr. Swarup has nothing to disclose.

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<table>
<thead>
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<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hughes</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-March-2020</td>
</tr>
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<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest? ☑ No

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Dr. Hughes has nothing to disclose.

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