

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) Joshua	2. Surname (Last Name) Murphy	3. Date 06-April-2020
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Megan Johnson
5. Manuscript Title Elastic Stable Intramedullary Nailing of Pediatric Tibia Fractures		
6. Manuscript Identifying Number (if you know it) ST-D-19-00063		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Synthes Spine	☐	☐	☐	☒	Paid Consultant, Advisory Board
Orthopediatrics	☐	☐	☐	☒	Paid Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Murphy reports other from Depuy Synthes Spine, other from Orthopediatrics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Pooya

2. Surname (Last Name)
Hosseinzadeh

3. Date
05-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Megan Johnson

5. Manuscript Title
Elastic Stable Intramedullary Nailing of Pediatric Tibia Fractures

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Dr. Hosseinzadeh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Megan

2. Surname (Last Name)
Johnson

3. Date
06-April-2020

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

5. Manuscript Title
Elastic Stable Intramedullary Nailing of Pediatric Tibia Fractures

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name)
Craig

2. Surname (Last Name)
Louer

3. Date
06-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Megan Johnson

5. Manuscript Title
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