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)  
   Malick

2. Surname (Last Name)  
   Diallo

3. Date  
   21-August-2020

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

5. Manuscript Title  
   Reduction of Neglected Displaced Distal Femur Physeal Fractures

6. Manuscript Identifying Number (if you know it)  
   ST-D-20-00003

## Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Diallo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Massadiami

2. Surname (Last Name)
   Soulama

3. Date
   21-August-2020

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

   Corresponding Author's Name
   Malick Diallo

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

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1. Given Name (First Name) Souleymane
2. Surname (Last Name) Ouédraogo
3. Date 21-August-2020
4. Are you the corresponding author? Yes ✔ No
Corresponding Author’s Name Malick Diallo
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**Section 1. Identifying Information**

1. Given Name (First Name)  Patrick WH
2. Surname (Last Name)  Dakouré
3. Date  21-August-2020
4. Are you the corresponding author?  Yes ✔ No
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