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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Wudbhav
2. Surname (Last Name) 
   Sankar
3. Date 
   26-June-2019
4. Are you the corresponding author? 
   Yes ☐ No ☑
5. Manuscript Title 
   Socioeconomic Deprivation Adversely Impacts Adolescent Fracture Care

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Dr. Sankar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Dina

2. Surname (Last Name)  
   Iacone

3. Date  
   26-June-2019

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

5. Manuscript Title  
   Socioeconomic Deprivation Adversely Impacts Adolescent Fracture Care

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00592

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Dina Iacone has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Blake</td>
<td>Meza</td>
<td>26-June-2019</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

5. Manuscript Title  
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Blake Meza has nothing to disclose.

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1. Given Name (First Name)  
   Apurva

2. Surname (Last Name)  
   Shah

3. Date  
   26-June-2019

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

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

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<td>Talwar</td>
<td>26-June-2019</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Apurva S. Shah

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