

## 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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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Gil	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter Klyce
5. Manuscript Title Scapular Winging in the Pediatric Patient		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Gil has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Walter

2. Surname (Last Name)  
Klyce

3. Date  
21-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Scapular Winging in the Pediatric Patient

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Mr. Klyce has nothing to disclose.

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1. Given Name (First Name) Patricia	2. Surname (Last Name) Solga	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter Klyce
5. Manuscript Title Scapular Winging in the Pediatric Patient		
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1. Given Name (First Name) Andrew	2. Surname (Last Name) Thome	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Walter Klyce
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