

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aristides	2. Surname (Last Name) Cruz	3. Date 06-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy Raducha, MD
5. Manuscript Title Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes		
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. Cruz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Fabricant	3. Date 05-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeremy Raducha, MD
5. Manuscript Title Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Fabricant has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jeremy

2. Surname (Last Name)
Raducha

3. Date
06-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Schachne

3. Date

05-March-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jeremy Raducha, MD

5. Manuscript Title

Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes

6. Manuscript Identifying Number (if you know it)

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Ishaan

2. Surname (Last Name)

Swarup

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03-March-2018

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Yes

No

Corresponding Author's Name

Jeremy Raducha

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Dr. Swarup has nothing to disclose.

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