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) 
   Rudolf

2. Surname (Last Name) 
   Ganger

3. Date 
   04-January-2016

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

Corresponding Author’s Name
   Sebastian Farr, M.D.

5. Manuscript Title 
   Bone Lengthening in the Pediatric Upper Extremity

6. Manuscript Identifying Number (if you know it)

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Dr. Ganger has nothing to disclose.

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<thead>
<tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Girsch</td>
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Are there any relevant conflicts of interest?  ✔ No

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Gabriel |
| 2. Surname (Last Name) | Mindler |
| 3. Date | 04-January-2016 |
| 4. Are you the corresponding author? | Yes | No |

Corresponding Author’s Name
Sebastian Farr, M.D.

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2. Surname (Last Name) Farr
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