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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amanda
2. Surname (Last Name) Fletcher
3. Date 12-January-2018

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

Corresponding Author’s Name Dale Jarka

5. Manuscript Title

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.)?

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Dr. Fletcher has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)
   Dale

2. Surname (Last Name)
   Jarka

3. Date
   12-January-2018

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

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

## The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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## Intellectual Property -- Patents & Copyrights

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Dr. Jarka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mitchell
2. Surname (Last Name)  Solano
3. Date  12-January-2018
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Dale Jarka
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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Solano has nothing to disclose.

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<tr>
<td>Christopher</td>
<td>Wester</td>
<td>12-January-2018</td>
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</table>

4. **Are you the corresponding author?**
   - Yes
   - No [✔]

**Corresponding Author’s Name**

| Dale Jarka |

5. **Manuscript Title**


6. **Manuscript Identifying Number (if you know it)**

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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.)?

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- No [✔]

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<td>Richard</td>
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<td>2. Surname (Last Name)</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<td>Dale Jarka</td>
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President Pediatric Orthopaedic Society North America
Past Chair, American Academy of Pediatrics, Section on Orthopaedics

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