ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Cherkashin

3. Date  
   07-March-2019

4. Are you the corresponding author?  
   Yes  ✔ No

5. Manuscript Title  
   Can Real Time Monitoring with a Controlled Advancement Drill Decrease Plunge Depth?

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00111R1

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Dr. Cherkashin has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mikhail

2. Surname (Last Name)  
   Samchukov

3. Date  
   07-March-2019

4. Are you the corresponding author?  
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<thead>
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Corresponding Author’s Name  
Anthony Riccio, MD

5. Manuscript Title  
Can Real Time Monitoring with a Controlled Advancement Drill Decrease Plunge Depth?

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00111R1

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Dr. Samchukov has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Wimberly

3. Date  
08-March-2019

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Can Real Time Monitoring with a Controlled Advancement Drill Decrease Plunge Depth?

6. Manuscript Identifying Number (if you know it)  
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<td>☐</td>
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</tr>
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<td>☐</td>
<td>☑</td>
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Dr. Wimberly reports personal fees from Elsevier, non-financial support from Smith and Nephew, non-financial support from Orthopaediatrics, other from Orthopaedic Trauma Association, other from American Academy of Pediatrics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Stephen
2. Surname (Last Name)  Wallace
3. Date  14-March-2019
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Tony Riccio MD
5. Manuscript Title
   Can Real Time Monitoring with a Controlled Advancement Drill Decrease Plunge Depth?
6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Riccio

3. Date  
   15-April-2019

4. Are you the corresponding author?  
   - Yes  
   - No

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**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   - Yes  
   - No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Arthrex</td>
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<td>Elsevier</td>
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<td>Royalties</td>
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</tbody>
</table>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No

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□ Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Riccio reports non-financial support from SMART Medical Devices, during the conduct of the study; grants from Arthrex, other from Elsevier, outside the submitted work.

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