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.

1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

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**Other:** Anything not covered under the previous three boxes

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Chu Kwan
### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>William</td>
<td>Chu Kwan</td>
<td>12-April-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
Establishing Safe Zones to Avoid Nerve Injury in the Approach to the Pediatric Humerus: An MRI Study

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00019

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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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Dr. Chu Kwan 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)  
   Martin

2. Surname (Last Name)  
   Gargan

3. Date  
   14-April-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author's Name  
   William Chu Kwan

5. Manuscript Title  
   Establishing Safe Zones to Avoid Nerve Injury in the Approach to the Pediatric Humerus: An MRI Study

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[ ] No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ryan
2. Surname (Last Name)  O'Shea
3. Date  14-April-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  William Chu Kwan
5. Manuscript Title
   Establishing Safe Zones to Avoid Nerve Injury in the Approach to the Pediatric Humerus: An MRI Study
6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer
2. Surname (Last Name) Stimec
3. Date 24-April-2019
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name William Chu Kwan
5. Manuscript Title
   Establishing Safe Zones to Avoid Nerve Injury in the Approach to the Pediatric Humerus: An MRI Study
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00019

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Stimec
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1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Camp

3. Date  
14-April-2019

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[ ] Yes  [x] No

Corresponding Author's Name  
William Chu Kwan

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Dr. Camp has nothing to disclose.

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1. Given Name (First Name)  
   JYOTI

2. Surname (Last Name)  
   PANWAR

3. Date  
   12-April-2019

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   William Chu Kwan

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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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Dr. PANWAR has nothing to disclose.

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