ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Allan

2. Surname (Last Name)   
   Peljovich

3. Date
   10-March-2019

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

   Corresponding Author’s Name
   Andrea Bauer

5. Manuscript Title
   Outcome of Microsurgery for BPBI Before Versus After 6 Months of Age: Results of the Multicenter ***Blinded by JBJS*** Study

6. Manuscript Identifying Number (if you know it)
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Dr. Peljovich has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<td>Bauer</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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Are there any relevant conflicts of interest? ✔ Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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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>
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<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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<td>royalties</td>
</tr>
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</table>
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes □ No

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Dr. Bauer reports grants from POSNA, grants from ASSH, during the conduct of the study; other from Springer, outside the submitted work.

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1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Adamczyk

3. Date  
   05-March-2019

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

   Corresponding Author’s Name  
   Andrea S. Bauer, MD

5. Manuscript Title  
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1. **Given Name (First Name)**: Leslie
2. **Surname (Last Name)**: Kalish
3. **Date**: 05-March-2019
4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No  
   
   **Corresponding Author's Name**: Andrea S. Bauer, MD

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   Peter

2. **Surname (Last Name)**  
   Waters

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   JBJS-D-18-01312R1

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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.)?

Are there any relevant conflicts of interest?  
[X] Yes  
[ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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Dr. Waters reports grants from POSNA, grants from ASSH, during the conduct of the study; other from Lippincott, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Roger

2. Surname (Last Name)  
   Cornwall

3. Date  
   05-March-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Andrea S. Bauer, MD

5. Manuscript Title  
   Outcome of Microsurgery for BPBI Before Versus After 6 Months of Age: Results of the Multicenter ***Blinded by JBJS*** Study

6. Manuscript Identifying Number (if you know it)  
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Dr. Cornwall has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michelle

2. Surname (Last Name)  
James

3. Date  
05-March-2019

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

Corresponding Author’s Name  
Andrea Bauer

5. Manuscript Title  
Outcome of Microsurgery for BPBI Before vs. After 6 mos of age

6. Manuscript Identifying Number (if you know it)  
JBJS-D-18-01312

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?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No
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Dr. James reports other from Journal of Bone and Joint Surgery, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nina

2. Surname (Last Name)  
Lightdale-Miric

3. Date  
05-March-2019

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

Corresponding Author’s Name  
Andrea S. Bauer, MD

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Section 1.  Identifying Information

1. Given Name (First Name)  donald
2. Surname (Last Name)  bae
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