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)  
   Erica

2. Surname (Last Name)  
   Giles

3. Date  
   01-June-2015

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Brian Smith

5. Manuscript Title  
   Apophyseal avulsion of the greater trochanter in an adolescent treated with abduction bracing: A case report

6. Manuscript Identifying Number (if you know it)

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   ☑ No

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   ☑ No

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Section 6. Disclosure Statement

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Ms. Giles has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Andrea  
2. Surname (Last Name)  
   Halim  
3. Date  
   03-May-2015

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Apophyseal Avulsion of the Greater Trochanter

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.)?

Are there any relevant conflicts of interest?  
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Dr. Halim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Shasta

2. Surname (Last Name)
   Henderson

3. Date
   15-May-2015

4. Are you the corresponding author?  
   Yes ☐ No ☑
   Corresponding Author’s Name
   Brian Smith, MD

5. Manuscript Title
   Apophyseal avulsion of the greater trochanter

6. Manuscript Identifying Number (if you know it)

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Dr. Henderson 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)**
   - Matthew

2. **Surname (Last Name)**
   - Milewski

3. **Date**
   - 02-May-2015

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

5. **Manuscript Title**
   - Apophyseal avulsion of the greater trochanter in an adolescent treated with abduction bracing: A case report.

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

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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>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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</tr>
</tbody>
</table>

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---

Milewski
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Dr. Milewski reports grants from Pediatric Orthopaedic Society of North America, personal fees from Elsevier, Inc., outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Brian

2. Surname (Last Name)  
Smith

3. Date  
20-November-2015

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Dr. Matthew Milewski

5. Manuscript Title  
Apophyseal avulsion of the greater trochanter in an adolescent treated with abduction bracing: A case report

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Dr. Smith has nothing to disclose.

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