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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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) Jeremiah
2. Surname (Last Name) Johnson
3. Date 12-February-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Dr. Mengnai Li
5. Manuscript Title
   Posterior Migration of a Pediatric Coronoid Fracture: A Case Report
6. Manuscript Identifying Number (if you know it)

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

Dr. Johnson has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Mengnai

2. Surname (Last Name)  
Li

3. Date  
12-February-2014

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

5. Manuscript Title  
Posterior Migration of a Pediatric Coronoid Fracture: A Case Report

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Li has nothing to disclose.

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<th>1. Given Name (First Name)</th>
<th>Ryan</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Horazdovsky</td>
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<tr>
<td>3. Date</td>
<td>12-February-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
</tbody>
</table>

**Corresponding Author's Name**

Dr. Mengnai Li

**Manuscript Title**

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Dr. Horazdovsky has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Hill

3. Date  
   12-February-2014

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Dr. Mengnai Li

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