

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.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) Alexandra	2. Surname (Last Name) Elder	3. Date 09-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Surena Namdari, MD, MSc
5. Manuscript Title Rotational Osteotomy of the Humeral Shaft for Malunion in Osteogenesis Imperfecta: A Case Report		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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

Ms. Elder has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Kate

2. Surname (Last Name)
Gallen

3. Date
09-April-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Surena Namdari, MD, MSc

5. Manuscript Title
Rotational Osteotomy of the Humeral Shaft for Malunion in Osteogenesis Imperfecta: A Case Report

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Surena

2. Surname (Last Name)
Namdari

3. Date
09-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Rotational Osteotomy of the Humeral Shaft for Malunion in Osteogenesis Imperfecta: A Case Report

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
DJO Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP royalties; consultant; paid presenter/speaker
Flexion Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options
Force Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options
Integra LifeSciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
Miami Device Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP royalties; paid consultant; paid presenter/speaker
Parvizi Surgical Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
ZimmerBiomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	research support
Saunders Mosby-Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	publishing royalties
RubiconMD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options
MD Live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options
MD Valuate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock/stock options

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Dr. Namdari reports other from Arthrex Inc, other from DJO Surgical , other from Flexion Therapeutics , other from Force Therapeutics , other from Integra LifeSciences , other from Miami Device Solutions , other from Parvizi Surgical Solutions , other from Synthes , other from ZimmerBiomet, other from Saunders Mosby-Elsevier, other from RubiconMD, other from MD Live, other from MD Valuate , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Thema	2. Surname (Last Name) Nicholson	3. Date 09-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Surena Namdari, MD, MSc
5. Manuscript Title Rotational Osteotomy of the Humeral Shaft for Malunion in Osteogenesis Imperfecta: A Case Report		
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