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
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Benjamin  

2. Surname (Last Name)  
   Stein  

3. Date  
   16-August-2015  

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

   Corresponding Author’s Name  
   Paul S sponseller  

5. Manuscript Title  
   Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures  

6. Manuscript Identifying Number (if you know it)  
   ST-D-15-00060  

**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**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔
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Dr. Stein 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)  
   Adam

2. Surname (Last Name)  
   Margalit

3. Date  
   12-August-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Paul Sponseller

5. Manuscript Title  
   Percutaneous Screw Fixation of Lateral Condylar Humerus Fractures

6. Manuscript Identifying Number (if you know it)  
   ST-D-15-00060

Section 2. The Work Under Consideration for Publication

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Dr. Margalit has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Sponseller
3. Date  16-August-2015
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Percutaneous Screw Fixation of Lateral Condylar Humerus Fractures
6. Manuscript Identifying Number (if you know it)  ST-D-15-00060

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Section 1. Identifying Information

1. Given Name (First Name)  Hamid
2. Surname (Last Name)  Hassanzadeh
3. Date  12-August-2015
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures
6. Manuscript Identifying Number (if you know it)  ST-D-15-00060

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1. **Given Name (First Name)**  
   Michael

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

3. **Date**  
   19-December-2015

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

   **Corresponding Author’s Name**  
   Paul Sponseller, MD

5. **Manuscript Title**  
   Percutaneous Screw Fixation of Lateral Condylar Humeral Fractures

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Dr. Ain has nothing to disclose.

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