ICMJE Form for Disclosure of Potential Conflicts of Interest

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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2. The work under consideration for publication.

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5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) MITCHELL
2. Surname (Last Name) BERNSTEIN
3. Date 16-July-2017
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name S. ROBERT ROZBRUCH
5. Manuscript Title
   Tibial Bone Transport Over an Intramedullary Nail using Cable and Pulleys
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? ☑ Yes  ☐ No

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

Dr. BERNSTEIN reports personal fees from SYNTHES, personal fees from SMITH AND NEPHEW, personal fees from NUVASIVE, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Austin

2. Surname (Last Name)  
   Fragomen

3. Date  
   09-July-2017

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

   Corresponding Author’s Name  
   S. Robert Rozbruch, MD

5. Manuscript Title  
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   S. ROBERT  

2. Surname (Last Name)  
   ROZBRUCH  

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