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<table>
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<th>1. Given Name (First Name)</th>
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<td>May</td>
<td>26-January-2018</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

Corresponding Author's Name  
Carley Vuillermin, MBBS, MPH

5. Manuscript Title  
Closed Reduction of and Percutaneous Pinning of Pediatric Supracondylar Humerus Fractures

6. Manuscript Identifying Number (if you know it)

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Dr. May has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Carley

2. Surname (Last Name)  
   Vuillermin

3. Date  
   12-November-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Closed Reduction of and Percutaneous Pinning of Pediatric Supracondylar Humerus Fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Vuillermin has nothing to disclose.

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James

2. Surname (Last Name)  
Kasser

3. Date  
22-December-2017

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Carley Vuillermin

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