ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Joshua</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Bram</td>
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<td>3. Date</td>
<td>17-May-2019</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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<td>5. Manuscript Title</td>
<td>Percutaneous Pinning of Pediatric Proximal Humerus Fractures</td>
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Corresponding Author’s Name
Ishaan Swarup

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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.

Mr. Bram has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Theodore

2. **Surname (Last Name)**
   - Ganley

3. **Date**
   - 17-May-2019

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

5. **Manuscript Title**
   - Percutaneous Pinning of Pediatric Proximal Humerus Fractures

6. **Manuscript Identifying Number (if you know it)**
   - Corresponding Author's Name: Ishaan Swarup

### 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.)?

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Dr. Ganley has nothing to disclose.

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<td>2. Surname (Last Name)</td>
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<td>B. David</td>
<td>Horn</td>
<td>17-May-2019</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title

   Percutaneous Pinning of Pediatric Proximal Humerus Fractures

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1. Given Name (First Name) Michael
2. Surname (Last Name) Hughes
3. Date 17-May-2019
4. Are you the corresponding author? Yes ☑ No
Corresponding Author's Name
Ishaan Swarup
5. Manuscript Title
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Swarup
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ishaan

2. Surname (Last Name)  
Swarup

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17-May-2019

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Dr. Swarup has nothing to disclose.

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