

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Courtney

2. Surname (Last Name)

O'Donnell

3. Date

26-July-2016

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Travis Heare, MD

5. Manuscript Title

Challenges in Treatment: Congenital Pseudarthrosis of the Tibia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. O'Donnell 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) Corey	2. Surname (Last Name) Beebe	3. Date 21-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Travis Heare
5. Manuscript Title Challenges in Treatment: Congenital Pseudarthrosis of the Tibia		
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

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Dr. Beebe 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) James	2. Surname (Last Name) Foster	3. Date 25-July-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Travis Heare
5. Manuscript Title Challenges in Treatment: Congenital Pseudarthrosis of the Tibia		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Foster has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Nathan

2. Surname (Last Name)

Donaldson

3. Date

26-July-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Travis Heare, MD

5. Manuscript Title

Challenges in Treatment: Congenital Pseudarthrosis of the Tibia

6. Manuscript Identifying Number (if you know it)

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Dr. Donaldson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ryan

2. Surname (Last Name)
Mooney

3. Date
26-July-2016

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Yes No

Corresponding Author's Name
Travis Heare, MD

5. Manuscript Title
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Mr. Mooney has nothing to disclose.

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26-July-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Challenges in Treatment: Congenital Pseudarthrosis of the Tibia

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Heare has nothing to disclose.

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