ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**

2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Aristides

2. Surname (Last Name)  
   Cruz

3. Date  
   06-April-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Jeremy Raducha, MD

5. Manuscript Title  
   Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes

6. Manuscript Identifying Number (if you know it)

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Dr. Cruz has nothing to disclose.

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<tr>
<td>Peter</td>
<td>Fabricant</td>
<td>05-March-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Jeremy Raducha, MD

5. Manuscript Title  
Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes

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Dr. Fabricant has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jeremy

2. Surname (Last Name)  
   Raducha

3. Date  
   06-April-2018

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

5. Manuscript Title  
   Tibial Shaft Fractures in Children and Adolescents: Clinical Management and Treatment Outcomes

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Dr. Raducha has nothing to disclose.

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1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Schachne

3. Date  
   05-March-2018

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name
   Jeremy Raducha, MD

5. Manuscript Title  
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<tr>
<td>Ishaan</td>
<td>Swarup</td>
<td>03-March-2018</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes [✓] No

Corresponding Author's Name
Jeremy Raducha

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Dr. Swarup has nothing to disclose.

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