

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Rudolf

2. Surname (Last Name)

Ganger

3. Date

04-January-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Sebastian Farr, M.D.

5. Manuscript Title

Bone Lengthening in the Pediatric Upper Extremity

6. Manuscript Identifying Number (if you know it)

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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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☐

Yes

☒

No

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Dr. Ganger has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Werner

2. Surname (Last Name)
Girsch

3. Date
04-January-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Sebastian Farr, M.D.

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Girsch has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Gabriel	2. Surname (Last Name) Mindler	3. Date 04-January-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sebastian Farr, M.D.
5. Manuscript Title Bone Lengthening in the Pediatric Upper Extremity		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
Sebastian

2. Surname (Last Name)
Farr

3. Date
04-January-2016

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

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Bone Lengthening in the Pediatric Upper Extremity

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