

## 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.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Antti

2. Surname (Last Name)  
Sommarhem

3. Date  
30-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Noora Vallila

5. Manuscript Title

Treatment injuries in pediatric distal humerus fractures

A retrospective study of compensation claims submitted to the Patient Insurance Center between 1990 and 2010 in Finland

6. Manuscript Identifying Number (if you know it)

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

### Section 3. Relevant financial activities outside the submitted work.

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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. Sommarhem has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Mika

2. Surname (Last Name)

Paavola

3. Date

30-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Noora Vallila

5. Manuscript Title

Treatment injuries in pediatric distal humerus fractures

A retrospective study of compensation claims submitted to the Patient Insurance Center between 1990 and 2010 in Finland

6. Manuscript Identifying Number (if you know it)

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Dr. Paavola 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)  
Noora

2. Surname (Last Name)  
Vallila

3. Date  
30-June-2014

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

5. Manuscript Title  
Treatment injuries in pediatric distal humerus fractures  
A retrospective study of compensation claims submitted to the Patient Insurance Center between 1990 and 2010 in Finland

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Päivikki and Sakari Sohlberg Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Vallila reports personal fees from Päivikki and Sakari Sohlberg Foundation, during the conduct of the study; .

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1. Given Name (First Name)

Yrjänä

2. Surname (Last Name)

Nietosvaara

3. Date

30-June-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Noora Vallila

5. Manuscript Title

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Dr. Nietosvaara has nothing to disclose.

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