

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)
James

2. Surname (Last Name)
Broderick

3. Date
30-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tiarnán Ó Doinn

5. Manuscript Title
Readability of Patient Educational Materials in Pediatric Orthopaedics: Evaluating the Progress Since 2007

6. Manuscript Identifying Number (if you know it)

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Dr. Broderick has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Quinlan

3. Date
30-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tiarnán Ó Doinn

5. Manuscript Title
Readability of Patient Educational Materials in Pediatric Orthopaedics: Evaluating the Progress Since 2007

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Dr. Quinlan has nothing to disclose.

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Muthana

2. Surname (Last Name)

Abdelhalim

3. Date

30-June-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Tiarnán Ó Doinn

5. Manuscript Title

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Tiarnán

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Ó Doinn

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