

ICMJE DISCLOSURE FORM

Date: 12/1/21
 Your Name: Tyler J. Stavinoha
 Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.
 Manuscript number (if known): JBJS-D-21-01202

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 12.21.21
 Your Name: Aleksei Dingel
 Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.
 Manuscript number (if known): JBJS-D-21-01202

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 11/29/2021

Your Name: Steven L. Frick

Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.

Manuscript number (if known): JBJS-D-21-01202

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	Textbook Royalties – Springer, Elsevier	
4	Consulting fees	<u>__X__</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Visiting professorship honoraria- CHOP, Connecticut Children's	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
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ICMJE DISCLOSURE FORM

Date: 11/30/21

Your Name: Sahej Randhawa

Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.

Manuscript number (if known): JBJS-D-21-01202

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4	Consulting fees	<u>X</u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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Date: 12/21/21

Your Name: Kevin Shea

Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.

Manuscript number (if known): JBJS-D-21-01202

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			Medical advisory board, Sarcio
Time frame: past 36 months			
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Date: 11/30/21

Your Name: Sunny Trivedi

Manuscript Title: Where is the axillary nerve danger zone with percutaneous fixation in the pediatric shoulder? The 1-Mountain-3-Valley Principle.

Manuscript number (if known): _____

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