

ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Kemble Wang

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

Manuscript Number (if known): Click or tap here to enter text.

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.

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4	Consulting fees <input checked="" type="checkbox"/> None <table border="1" data-bbox="379 385 1433 519"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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8	Patents planned, issued or pending <input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1294 1433 1397"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board <input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1496 1433 1599"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid <input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1675 1433 1778"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

		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)
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 	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Vikas Bohra

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

Manuscript Number (if known): Click or tap here to enter text.

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V. Bohner

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ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Gaurav Gupta

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

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6 Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 884 901 985"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="901 884 1500 985"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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8 Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1288 901 1388"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="901 1288 1500 1388"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
9 Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1489 901 1590"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="901 1489 1500 1590"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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Date: 4/23/2022

Your Name: Aakash Makadia

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

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Atkinson

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ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Maulin Shah

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>						

Please place an "X" next to the following statement to indicate your agreement:

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Chinmay Sangole

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 584 911 685"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<table border="1" data-bbox="911 584 1476 685"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 786 911 887"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<table border="1" data-bbox="911 786 1476 887"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Shalin Shah

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

Manuscript Number (if known): Click or tap here to enter text.

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.

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[Handwritten Signature]

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ICMJE DISCLOSURE FORM

Date: 4/23/2022

Your Name: Qaisur Rabbi

Manuscript Title: Closed Reduction Technique for Severely Displaced Radial Neck Fractures in Children

Manuscript Number (if known): Click or tap here to enter text.

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.

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J. Pablo.