

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christian

2. Surname (Last Name)
Wong

3. Date
31-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
A closed claim analysis of pediatric antebrachial fractures; are there too many complaints?

6. Manuscript Identifying Number (if you know it)

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Dr. Wong has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Søren

2. Surname (Last Name)
Bødtker

3. Date
31-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Christian Wong

5. Manuscript Title

A closed claim analysis of pediatric antebrachial fractures; are there too many complaints?

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Schultz-Larsen

3. Date

31-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christian Wong

5. Manuscript Title

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1. Given Name (First Name) Peter	2. Surname (Last Name) Buxbom	3. Date 31-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christian Wong
5. Manuscript Title A closed claim analysis of pediatric antebrachial fractures; are there too many complaints?		
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