

## ICMJE DISCLOSURE FORM

**Date:** 3/5/23

**Your Name:** Robert Pearce

**Manuscript Title:** Rates and Factors Associated with Hardware Removal in Physeal Ankle Fractures: Analysis of the Pediatric Health Information System

**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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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:** 3/6/2023

**Your Name:** Alejandro Cazzulino

**Manuscript Title:** Rates and Factors Associated with Hardware Removal in Physeal Ankle Fractures: Analysis of the Pediatric Health Information System

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 3/6/2023

**Your Name:** Ishaan Swarup

**Manuscript Title:** Rates and Factors Associated with Hardware Removal in Physeal Ankle Fractures: Analysis of the Pediatric Health Information System

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		Orthopediatircs	Consultant
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