

ICMJJE DISCLOSURE FORM

Date: _____ 2022.06.24 _____

Your Name: _____ Yichen Wang _____

Manuscript Title: Risk factors for pathological fractures of simple bone cysts of the humerus in children: a retrospective study

Manuscript number (if known): _____

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**.

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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.	<u>__X__</u> None	
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	<u>__X__</u> None	
4	Consulting fees	<u>__X__</u> 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	
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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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No conflict of interest

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

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Your Name: _____ Xiang Ren _____

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Date: _____ 2022.06.24 _____

Your Name: _____ Dan Yang _____

Manuscript Title: Risk factors for pathological fractures of simple bone cysts of the humerus in children: a retrospective study

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Date: _____ 2022.06.24 _____
 Your Name: _____ Feilong Fan _____
 Manuscript Title: Risk factors for pathological fractures of simple bone cysts of the humerus in children: a retrospective study_
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