ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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1. **Identifying information.**
2. **The work under consideration for publication.**
   - This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.
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4. **Intellectual Property.**
   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. **Relationships not covered above.**
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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dennis</td>
<td>Martin</td>
<td>07-January-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

Corresponding Author's Name  
Mark L. Wang, M.D., Ph.D.

5. Manuscript Title  
Controversies Surrounding the Management of the Isolated Type 2 Radial Head Fracture

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

### Section 3. Relevant financial activities outside the submitted work.

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- [x] No

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- [x] No
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Section 6. Disclosure Statement

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Dennis Martin has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Matthew</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Cantlon</td>
</tr>
<tr>
<td>3. Date</td>
<td>09-January-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐  No ☑</td>
</tr>
</tbody>
</table>

Corresponding Author’s Name
Mark L. Wang, M.D., Ph.D.

5. Manuscript Title
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Dr. Cantlon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Wang

3. Date  
   08-January-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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1. Given Name (First Name)  Zachary
2. Surname (Last Name)  Wilt
3. Date  08-January-2017
4. Are you the corresponding author?  Yes  No
Corresponding Author’s Name  Mark L. Wang, M.D., Ph.D.
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