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.

1. Identifying information.

2. The work under consideration for publication.

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**Royalties:** Funds are coming in to you or your institution due to your patent
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Tonya  
2. Surname (Last Name)  
   An  
3. Date  
   17-October-2015  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Daniel Osei  
5. Manuscript Title  
   The prevalence of cubital tunnel syndrome: a cross-sectional study in a United States metropolitan cohort  
6. Manuscript Identifying Number (if you know it)

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

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   [x] No
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Dr. An has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Martin

2. **Surname (Last Name)**
   - Boyer

3. **Date**
   - 17-October-2015

4. Are you the corresponding author?  
   - Yes  ✔  No

   **Corresponding Author’s Name**
   - Daniel Osei

5. **Manuscript Title**
   - The prevalence of cubital tunnel syndrome: a cross-sectional study in a United States metropolitan cohort

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
- Yes  ✔  No

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Boyer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Osei
3. Date 10-September-2016
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
The Prevalence of Cubital Tunnel Syndrome: A Cross-Sectional Study in a U.S. Metropolitan Cohort
6. Manuscript Identifying Number (if you know it)
JBJS-D-15-01162

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Are there any relevant conflicts of interest? Yes ☑ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>NIH/NCATS KL2 TR000450</td>
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<td>Provided salary support for principal investigator (DAO)</td>
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<td>Provided salary support for research coordinator; provided budget for research subject study participation compensation</td>
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Dr. Osei reports grants from NIH/NCATS KL2 TR000450, grants from BJHF/ICTS Pilot Award, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  Bradley
2. Surname (Last Name)  Evanoff
3. Date  15-August-2016
4. Are you the corresponding author?  
   [ ] Yes  ✔ No
   Corresponding Author’s Name  Daniel Osei

5. Manuscript Title
   The prevalence of cubital tunnel syndrome: a cross-sectional study in a United States metropolitan cohort

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