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)  
   Paul-Alfred  

2. Surname (Last Name)  
   Grützner  

3. Date  
   18-September-2016  

4. Are you the corresponding author?  
   Yes [X]  

   Corresponding Author's Name  
   Thorsten Guehring  

5. Manuscript Title  
   Outcome of early and late diagnosed Essex-Lopresti-Injury  

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 [X]  

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

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Are there any relevant conflicts of interest?  
   Yes [X]  

## 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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**Section 6. Disclosure Statement**

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Dr. Grützner has nothing to disclose.

**Evaluation and Feedback**

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## Section 1. Identifying Information

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

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

3. **Date**
   - 18-September-2016

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

5. **Manuscript Title**
   - Outcome of early and late diagnosed Essex-Lopresti-Injury

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

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

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- Yes [ ]
- No [✔]

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Dr. Guehring has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Karin
2. **Surname (Last Name)**
   - Hoppe
3. **Date**
   - 18-September-2016
4. **Are you the corresponding author?**
   - Yes [ ]
   - No [x]
   - **Corresponding Author’s Name**
     - Thorsten Guehring
5. **Manuscript Title**
   - Outcome of early and late diagnosed Essex-Lopresti-Injury
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### 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.)?

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- Yes [ ]
- No [x]

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes [ ]
- No [x]

---

Hoppe
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Karin Hoppe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Felix  Porschke  18-September-2016

4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Outcome of early and late diagnosed Essex-Lopresti-Injury

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Porschke has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marc
2. Surname (Last Name) Schnetzke
3. Date 18-September-2016
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Thorsten Guehring
5. Manuscript Title Outcome of early and late diagnosed Essex-Lopresti-Injury
6. Manuscript Identifying Number (if you know it)

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Dr. Schnetzke has nothing to disclose.

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1. Given Name (First Name) Stefan
2. Surname (Last Name) Studier-Fischer
3. Date 18-September-2016
4. Are you the corresponding author? ☒ No
5. Manuscript Title
   Outcome of early and late diagnosed Essex-Lopresti-Injury
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