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)  
   Mark

2. Surname (Last Name)  
   Baratz

3. Date  
   05-October-2015

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

   Corresponding Author’s Name  
   Dean Sotereanos

5. Manuscript Title  
   Long-term outcome of step-cut ulnar-shortening osteotomy for ulnar impaction syndrome

6. Manuscript Identifying Number (if you know it)

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Dr. Baratz has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name) Sofia
2. Surname (Last Name) Bougioukli
3. Date 04-May-2016
4. Are you the corresponding author? □ Yes ✔ No
5. Manuscript Title
   Long-term outcome of step-cut ulnar shortening osteotomy for ulnar impaction syndrome
6. Manuscript Identifying Number (if you know it)
   JBJS-D-15-01111

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tr>
<td>Loukia</td>
<td>Papatheodorou</td>
<td>05-October-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Dean Sotereanos

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Tyler

2. Surname (Last Name)  
   Ruby

3. Date  
   05-October-2015

4. Are you the corresponding author?  
   Yes ☐ No ☑

   Corresponding Author’s Name  
   Dean Sotereanos

5. Manuscript Title  
   Long-term outcome of step-cut ulnar-shortening osteotomy for ulnar impaction syndrome

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Dr. Ruby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dean
2. Surname (Last Name) Sotereanos
3. Date 05-October-2015
4. Are you the corresponding author? Yes ☑ No
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### Section 1. Identifying Information

1. Given Name (First Name)
   Robert

2. Surname (Last Name)
   Weiser

3. Date
   05-October-2015

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

   Corresponding Author’s Name
   Dean Sotereanos

5. Manuscript Title
   Long-term outcome of step-cut ulnar-shortening osteotomy for ulnar impaction syndrome

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] No

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Dr. Weiser has nothing to disclose.

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