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.**

   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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**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) bernard
2. Surname (Last Name) morrey
3. Date 08-June-2015

4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name sanchez sotelo

5. Manuscript Title
Total elbow for rheumatoid arthritis - long term follow up

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

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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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☑ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

My name is on this implant coonrad/morrey

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Section 6. Disclosure Statement

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Dr. morrey reports other from zimmer, during the conduct of the study; in addition, Dr. morrey has a patent mayo clinic issued, and his name is on the implant used in this study: coonrad/morrey.
Evaluation and Feedback

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**Institutions**

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Baghdadi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yaser

2. Surname (Last Name)  
   Baghdadi

3. Date  
   08-June-2015

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

5. Manuscript Title  
   Primary Linked Semiconstrained Total Elbow Arthroplasty in Rheumatoid Arthritis: A Single-Institution Experience With 461 Elbows Over Three Decades

6. Manuscript Identifying Number (if you know it)

Joaquin Sanchez-Sotelo M.D., Ph.D.

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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<td>This publication was made possible by CTSA Grant Number UL1 TR000135 from the National Center for Advancing Translational Sciences (NCATS), a component of the National Institutes of Health (NIH). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of NIH. Funds were used to pay for statistical services.</td>
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Baghdadi
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Dr. Baghdadi reports grants from Mayo Clinic/NIH, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joaquin

2. Surname (Last Name)  
   Sanchez-Sotelo

3. Date  
   10-June-2015

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Primary linked semiconstrained total elbow arthroplasty in RA: A single institution experience with 461 elbows over three decades

6. Manuscript Identifying Number (if you know it)

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