ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Glenn</td>
<td>Buterbaugh</td>
<td>07-February-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   How safe is outpatient hand and upper extremity surgery? A review of 28,737 cases at a free-standing ambulatory surgery center.

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.)?  
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   - [x] No

**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. Buterbaugh has nothing to disclose.

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<tbody>
<tr>
<td>Joseph</td>
<td>Imbriglia</td>
<td>07-February-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Dr. Kanu Goyal

5. Manuscript Title
How safe is outpatient hand and upper extremity surgery? A review of 28,737 cases at a free-standing ambulatory surgery center.

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Dr. Imbriglia has nothing to disclose.

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1. Given Name (First Name)  
   Sameer

2. Surname (Last Name)  
   Jain

3. Date  
   07-February-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Dr. Kanu Goyal

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

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1. Given Name (First Name)  
   Kanu

2. Surname (Last Name)  
   Goyal

3. Date  
   07-February-2015

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

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