ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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2. **The work under consideration for publication.**

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Edward
2. Surname (Last Name)  Akelman
3. Date  16-August-2015
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Robin Kamal
5. Manuscript Title  Quality Measures in Upper Limb Surgery
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-00651R1

Section 2. The Work Under Consideration for Publication

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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?  No
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Dr. Akelman has nothing to disclose.

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Section 1. Identifying Information

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Dr. Got has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Amy

2. Surname (Last Name)  
   Ladd

3. Date  
   09-June-2015

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

5. Manuscript Title  
   Quality Measures in Upper Limb Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Ladd reports grants from NIH, non-financial support from Articulinx, Illuminoss, personal fees from Orthohelix, Tornier, outside the submitted work; .
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Section 1. Identifying Information

1. Given Name (First Name)  
Robin

2. Surname (Last Name)  
Kamal

3. Date  
02-June-2015

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Quality Measures in Upper Limb Surgery

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Ring

3. Date  
   11-June-2015

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

   Corresponding Author’s Name  
   Kamal

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<td>Payment for Expert Review</td>
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</table>

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

**Section 5. Relationships not covered above**

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

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**Section 6. Disclosure Statement**

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Dr. Ring reports grants from Skeletal Dynamics, other from Wright Medical, personal fees from Biomet, personal fees from Acumed, other from Illuminos, personal fees from Deputy Editor for Journal of Hand Surgery, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, outside the submitted work;.
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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) sanjeev
2. Surname (Last Name) kakar
3. Date 11-August-2015
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Robin Kamal
5. Manuscript Title
   Quality Measures in Upper Limb Surgery
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

Section 3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Philip
2. Surname (Last Name)  Blazar
3. Date  02-March-2015
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel 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?  ✔ No

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</table>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Section 5. Relationships not covered above

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Dr. Blazar reports personal fees from Smith & Nephew, personal fees from Auxilium Pharmaceuticals, grants from Arthrex Inc., grants from NIH, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marc

2. Surname (Last Name)  
   Richard

3. Date  
   05-June-2015

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Quality Measures in Upper Limb Surgery

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
Yes ☑ No

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Are there any relevant conflicts of interest?  
Yes ☑ No

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<td>Consulting</td>
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</tbody>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
Yes ☐ No ☑
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Dr. Richard reports other from Acumed, other from Synthes, other from Extremity Medical, outside the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 03-June-2015

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

5. **Manuscript Title**
   - Quality Measures in Upper Limb Surgery

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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- Yes [ ]  
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- Yes [ ]  
- No [✓]

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- Yes [ ]  
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---

*Ruch*
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Dr. Ruch has nothing to disclose.

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Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Section 1. Identifying Information

1. Given Name (First Name)  Jeffrey
2. Surname (Last Name)  Yao
3. Date  11-August-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Robin Kamal
5. Manuscript Title  Quality Measures in Upper Limb Surgery
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-00651R1

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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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Dr. Yao has nothing to disclose.

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