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)
   Melissa

2. Surname (Last Name)
   Arief

3. Date
   10-October-2014

4. Are you the corresponding author? [ ] Yes [ ] No
   ✔ No
   Corresponding Author’s Name
   Christian J. Zaino, MD

5. Manuscript Title
   The Effectiveness of Bivalving, Cast Spreading, and Webril Cutting to Reduce Cast Pressure in a Fiberglass Short Arm Cast

6. Manuscript Identifying Number (if you know it)
   JBJS-D-14-00579R1

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Dr. Arief has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Mukund

2. Surname (Last Name)  
   Patel

3. Date  
   10-October-2014

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

5. Manuscript Title  
   The Effectiveness of Bivalving, Cast Spreading, and Webril Cutting to Reduce Cast Pressure in a Fiberglass Short Arm Cast

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Pivec
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Pivec
3. Date  10-October-2014
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Christian J. Zaino, MD
5. Manuscript Title  The Effectiveness of Bivalving, Cast Spreading, and Webril Cutting to Reduce Cast Pressure in a Fiberglass Short Arm Cast
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<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Christian</td>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Zaino</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-October-2014</td>
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