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.**

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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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**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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- **Other:** Anything not covered under the previous three boxes
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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)  
   Frederik

2. Surname (Last Name)  
   Verstreken

3. Date  
   01-December-2014

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Geert Meermans

5. Manuscript Title  
   Transtrapezial Approach for Fixation of Acute Scaphoid Fractures: Rationale, Surgical Techniques and Results. AAOS Exhibit Selection

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.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
Yes ☑  No

If yes, please fill out the appropriate information below.

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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?  
☐ Yes  ✔ No

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Verstreken reports non-financial support from Synthes for implants, during the conduct of the study; personal fees from consultancy for Pfizer, personal fees from consultancy for Medartis, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Geert

2. Surname (Last Name)  
   Meermans

3. Date  
   01-December-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Transtrapezial Approach for Fixation of Acute Scaphoid Fractures: Rationale, Surgical Techniques and Results. AAOS Exhibit

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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