ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  Ronit
2. Surname (Last Name)  Wollstein
3. Date  03-May-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Shai Luria

5. Manuscript Title
Three-Dimensional Analysis of Acute Scaphoid Fracture Displacement

6. Manuscript Identifying Number (if you know it)

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Dr. Wollstein has nothing to disclose.

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<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Peleg</td>
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<td>03-May-2015</td>
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Leo

2. Surname (Last Name)  
   Joskowicz

3. Date  
   03-May-2015

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

   Corresponding Author’s Name  
   Shai Luria

5. Manuscript Title  
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1. Given Name (First Name) Shai
2. Surname (Last Name) Luria
3. Date 03-May-2015
4. Are you the corresponding author? ✔ Yes □ No
5. Manuscript Title
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1. Given Name (First Name)  
Yael

2. Surname (Last Name)  
Schwarcz

3. Date  
03-May-2015

4. Are you the corresponding author?  

   - [ ] Yes  
   - [x] No

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Shai Luria

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
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Dr. Schwarcz has nothing to disclose.

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