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)  
   Muhanned

2. Surname (Last Name)  
   Ali

3. Date  
   18-January-2017

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

5. Manuscript Title  
   Association Between Distal Radial Fracture Malunion and Patient-Reported Activity Limitations: A Long-Term Follow-up

6. Manuscript Identifying Number (if you know it)

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**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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Ali has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  
   Elisabeth

2. Surname (Last Name)  
   Brogren

3. Date  
   18-January-2017

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

   Corresponding Author’s Name  
   Muhanned Ali

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

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Atroshi
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Isam

2. Surname (Last Name)  
   Atroshi

3. Date  
   18-January-2017

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name
   Muhanned Ali

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Philippe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Wagner</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-January-2017</td>
</tr>
<tr>
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</tr>
<tr>
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<td>Muhanned Ali</td>
</tr>
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<td>5. Manuscript Title</td>
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