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)  
   Benjamin

2. Surname (Last Name)  
   Chang

3. Date  
   02-February-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Jason Silvestre

5. Manuscript Title  
   The Impact of Specialty on Cases Performed During Hand Surgery Fellowship Training

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?  
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Dr. Chang has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Jason

2. Surname (Last Name)  
Silvestre

3. Date  
02-February-2017

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
The Impact of Specialty on Cases Performed During Hand Surgery Fellowship Training

6. Manuscript Identifying Number (if you know it)

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

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Dr. Silvestre has nothing to disclose.

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<tr>
<td>David</td>
<td>Steinberg</td>
<td>02-February-2017</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Jason Silvestre

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<tr>
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<td>Upton</td>
<td>02-February-2017</td>
</tr>
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4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author’s Name

Jason Silvestre

5. Manuscript Title

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