ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Alison
2. Surname (Last Name) Antes
3. Date 24-May-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius
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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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Section 6. Disclosure Statement

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Dr. Antes has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
   Christopher

2. Surname (Last Name)
   Dy

3. Date
   26-May-2017

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

5. Manuscript Title
   The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

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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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Washington University Institute of Clinical and Translational Sciences grant UL1 TR000448, Sub award KL2 TR000450 (CJD and DAO) from the NIH-National Center for Advancing Translational Sciences (NCATS), components of the National Institutes of Health (NIH), and NIH Roadmap for Medical Research.

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Dr. Dy reports grants from NIH, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
   James

2. Surname (Last Name)  
   DuBois

3. Date  
   16-October-2018

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Christopher Dy

5. Manuscript Title  
   The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

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<tbody>
<tr>
<td>National Center for Clinical and Translational Research (Part of NIH/National Institutes of Health)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>UL1 TR000448; funds were used to pay for J.M.D salary.</td>
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<tr>
<td>Centene Corp</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>DuBois is a paid ethics consultant for Centene Corporation</td>
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</tbody>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Goldfarb

3. Date  
   26-May-2017

4. Are you the corresponding author?  
   No

   ✔

   Corresponding Author’s Name  
   Christopher Dy, MD

5. Manuscript Title  
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Dr. Goldfarb reports other from Arthrex, personal fees from Various Legal Firms, outside the submitted work.

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Daniel
2. Surname (Last Name)  
Osei
3. Date  
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4. Are you the corresponding author?  
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Corresponding Author’s Name  
Christopher J. Dy, MD PhD

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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
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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

Dr. Osei reports grants from Department of Defense, grants from NIH, outside the submitted work.

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