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.

1. Identifying information.
2. The work under consideration for publication.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aaron
2. Surname (Last Name) Chamberlain
3. Date 20-February-2018
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Persistent motion loss caused by arthrogenic tissues in a rat model of post-traumatic elbow contracture
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

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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☐ Yes  ☑ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Chamberlain reports grants and personal fees from Zimmer-Biomet, personal fees from DePuy, personal fees from Arthrex, personal fees from Wright Medical, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Chelsey

2. Surname (Last Name)  
   Dunham

3. Date  
   20-February-2018

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

   Corresponding Author’s Name  
   Spencer P. Lake, Ph.D.

5. Manuscript Title  
   Persistent motion loss caused by arthrogenic tissues in a rat model of post-traumatic elbow contracture

6. Manuscript Identifying Number (if you know it)

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Dr. Dunham reports grants from National Institute of Health, during the conduct of the study.

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1. Given Name (First Name)  Ryan
2. Surname (Last Name)  Castile
3. Date  20-February-2018
4. Are you the corresponding author?  Yes  ✔  No
   Corresponding Author’s Name  Spencer Lake, Ph.D.
5. Manuscript Title
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Dr. Castile has nothing to disclose.

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   Spencer

2. Surname (Last Name)  
   Lake

3. Date  
   20-February-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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