ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
### Identifying Information

1. Given Name (First Name)  
   Amy  
2. Surname (Last Name)  
   Moore  
3. Date  
   06-September-2018  
4. Are you the corresponding author?  
   Yes ☑ No  
   Corresponding Author’s Name  
   Hollie Power  
5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome  
6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00554

### The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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### Intellectual Property -- Patents & Copyrights

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Dr. Moore has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ketan
2. Surname (Last Name) Sharma
3. Date 06-September-2018

4. Are you the corresponding author? ☑ No

5. Manuscript Title
Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00554

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Dr. Sharma has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Madi  

2. Surname (Last Name)  
   El Haj  

3. Date  
   06-September-2018  

4. Are you the corresponding author?  
   ✔ No  

5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00554  

## Section 2. The Work Under Consideration for Publication

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Dr. El Haj has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Hollie

2. Surname (Last Name)  
   Power

3. Date  
   06-September-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)  
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Dr. Power has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Megan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Patterson</td>
</tr>
<tr>
<td>3. Date</td>
<td>06-September-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
<tr>
<td>5. Manuscript Title</td>
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Dr. Patterson has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  
   Susan

2. Surname (Last Name)  
   Mackinnon

3. Date  
   06-September-2018

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

   Corresponding Author’s Name  
   Hollie Power

5. Manuscript Title  
   Assessment of amplitude is critical in determining the severity of cubital tunnel syndrome

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00554

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

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Dr. Mackinnon has nothing to disclose.

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