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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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Duretti
2. **Surname (Last Name)**
   - Fufa
3. **Date**
   - 29-August-2018
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Effect of Plate Design on Flexor Pollicis Longus Tendon after Volar Locked Plating of Distal Radius Fractures

### 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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

Section 5. Relationships not covered above

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Dr. Fufa reports grants from Medartis, during the conduct of the study; personal fees from Medartis, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew  

2. Surname (Last Name)  
   Weiland  

3. Date  
   29-August-2018  

4. Are you the corresponding author?  
   Yes ☑ No  

   Corresponding Author’s Name  
   Jeffrey G. Stepan, MD  

5. Manuscript Title  
   Effect of Plate Design on Flexor Pollicis Longus Tendon after Volar Locked Plating of Distal Radius Fractures  

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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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Section 1. Identifying Information

1. Given Name (First Name)  Danielle
2. Surname (Last Name) Marshall
3. Date 29-August-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Effect of Plate Design on Flexor Pollicis Longus Tendon after Volar Locked Plating of Distal Radius Fractures

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Danielle Marshall has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Hayley  

2. Surname (Last Name)  
   Sacks  

3. Date  
   29-August-2018  

4. Are you the corresponding author?  
   Yes  
   No  

5. Manuscript Title  
   Effect of Plate Design on Flexor Pollicis Longus Tendon after Volar Locked Plating of Distal Radius Fractures  

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Hayley Sacks has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Stepan

3. Date  
   29-August-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effect of Plate Design on Flexor Pollicis Longus Tendon after Volar Locked Plating of Distal Radius Fractures

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Are there any relevant conflicts of interest?  
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Dr. Stepan has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Lauren  

2. Surname (Last Name)  
Wessel  

3. Date  
29-August-2018  

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

   Corresponding Author’s Name  
   Jeffrey G. Stepan  

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Wessel has nothing to disclose.

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theodore</td>
<td>Miller</td>
<td>29-August-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   
   Corresponding Author’s Name  
   Jeffrey G. Stepan  

5. Manuscript Title  
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1. Given Name (First Name)  
Yoshimi

2. Surname (Last Name)  
Endo

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29-August-2018

4. Are you the corresponding author?  
☑ No

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Jeffrey G. Stepan

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