ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hassan

2. Surname (Last Name)  
   Azimi

3. Date  
   14-May-2015

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

5. Manuscript Title  
   Scaphoid and Lunate Dislocation With Complete Soft Tissue Avulsion

6. Manuscript Identifying Number (if you know it)

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Dr. Azimi 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)  
   Kevin

2. Surname (Last Name)  
   Phan

3. Date  
   18-May-2015

4. Are you the corresponding author?  
   Yes [ ]  No [✔]

   Corresponding Author’s Name  
   Hassan J Azimi

5. Manuscript Title  
   Scaphoid and lunate dislocation with complete soft tissue avulsion

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.)?

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   Yes [ ]  No [✔]
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Section 1. Identifying Information

1. Given Name (First Name)  Orrin
2. Surname (Last Name)  Franko
3. Date  19-May-2015
4. Are you the corresponding author?  ✔ No

Corresponding Author’s Name
Hassan J Azimi

5. Manuscript Title
Scaphoid and lunate dislocation with complete soft tissue avulsion

6. Manuscript Identifying Number (if you know it)

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Reid

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Abrams

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If yes, please fill out the appropriate information below.

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Dr Abrams reviews on the editorial staff for The Journal of Hand Surgery.

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