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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>David</td>
<td>Bozentka</td>
<td>08-February-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name: Jonathan Slaughter

5. Manuscript Title  
   Hematoma of the Flexor Tendon Sheath Mimicking Acute Septic Tenosynovitis: Case Report

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   - No  
   ✔

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1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Lim
3. Date  08-February-2016

4. Are you the corresponding author?  ✔ No
   Corresponding Author’s Name  Jonathan Slaughter

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

2. Surname (Last Name)  
   Slaughter

3. Date  
   24-November-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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   Nicholas

2. Surname (Last Name)  
   Pulos

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   08-February-2016

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   ✔ No

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