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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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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

Axelrod
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Terry

2. Surname (Last Name)  
Axelrod

3. Date  
22-June-2014

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Dr. David Walmsley

5. Manuscript Title  
Combined volar hamate dislocation and scapholunate ligament rupture

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.

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>DePuy Synthes</td>
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<td>Institutional Research Grant</td>
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</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No
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Section 6. Disclosure Statement

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Dr. Axelrod reports grants from DePuy Synthes, outside the submitted work;

Evaluation and Feedback

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<td>Herman</td>
<td>Dhotar</td>
<td>20-July-2014</td>
</tr>
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</table>

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

Corresponding Author’s Name
David Walmsley

5. Manuscript Title
Combined volar hamate dislocation and scapholunate ligament rupture

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### Section 2. The Work Under Consideration for Publication

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Dr. Dhotar has nothing to disclose.

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1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Walmsley

3. Date  
   20-July-2014

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

5. Manuscript Title  
   Combined volar hamate dislocation and scapholunate ligament rupture

6. Manuscript Identifying Number (if you know it)

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Dr. Walmsley has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Geddes

3. Date  
   04-July-2014

4. Are you the corresponding author?  
   ![Yes](#)  
   No

   Corresponding Author’s Name  
   David Walmsley

5. Manuscript Title  
   Case Report - Hamate Dislocation with Scapholunate Ligament Rupture

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