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)  
Armodios

2. Surname (Last Name)  
Hatzidakis, MD

3. Date  
08-December-2016

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

5. Manuscript Title  
A Case of Traumatic Divergent Elbow Dislocation with Associated Radiectomy and Upper-Extremity Amputation in an Adult

6. Manuscript Identifying Number (if you know it)

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

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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?  
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Dr. Hatzidakis, MD 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)  
   Ryan

2. Surname (Last Name)  
   Greene, DO, MS

3. Date  
   08-December-2016

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   A Case of Traumatic Divergent Elbow Dislocation with Associated Radiectomy and Upper-Extremity Amputation in an Adult

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Dr. Greene, DO, MS has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Conrad
2. Surname (Last Name)  Tirre
3. Date  29-January-2018
4. Are you the corresponding author?  Yes  ✔ No

Corresponding Author’s Name
Armodios Hatzidakis, MD

5. Manuscript Title
A Case of Traumatic Divergent Elbow Dislocation with Associated Forearm Amputation in an Adult

6. Manuscript Identifying Number (if you know it)

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Dr. Tirre has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Sears
3. Date  29-January-2018
4. Are you the corresponding author?  Yes ☐  No ☒

Corresponding Author’s Name  Armodios Hatzidakis, MD

5. Manuscript Title
A Case of Traumatic Divergent Elbow Dislocation with Associated Forearm Amputation in an Adult

6. Manuscript Identifying Number (if you know it)

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Dr. Sears has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jacqueline

2. Surname (Last Name)  
   Bader

3. Date  
   29-January-2018

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

   Corresponding Author's Name  
   Armodios Hatzidakis, MD

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Ms. Bader has nothing to disclose.

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- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally [but not always] paid to your organization
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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
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Mauter

3. Date  
   29-January-2018

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Armodios Hatzidakis, MD

5. Manuscript Title  
   A Case of Traumatic Divergent Elbow Dislocation with Associated Forearm Amputation in an Adult

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?  
   ✔ No

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Mauter has nothing to disclose.

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