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)  
Derek

2. Surname (Last Name)  
Donegan

3. Date  
10-April-2018

4. Are you the corresponding author?  

   ✔ Yes  
   No

   Corresponding Author’s Name  
   Anthony Martin

5. Manuscript Title  
Acute Radial Nerve Repair with Humeral Shaft Shortening and Fixation Following Closed Humeral Shaft Fracture

6. Manuscript Identifying Number (if you know it)  
CC-D-18-00074R1

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

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Are there any relevant conflicts of interest?  

   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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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  
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Dr. Donegan reports personal fees from Synthes, outside the submitted work; .

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Daniel</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Gittings</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-April-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Anthony Martin</td>
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Are there any relevant conflicts of interest? Yes □ No □

## Section 3. Relevant financial activities outside the submitted work.

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Dr. Gittings has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Benjamin  
2. Surname (Last Name)  
   Gray  
3. Date  
   10-April-2018  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Anthony Martin  
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Dr. Gray has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  L. Scott
2. Surname (Last Name)  Levin
3. Date  10-April-2018
4. Are you the corresponding author?  ✔ Yes  No
   Corresponding Author’s Name  Anthony Martin
5. Manuscript Title
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Dr. Levin was a Co-PI on the following study:
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Dr. Levin reports other from Axogen, Inc., outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Martin

3. Date
10-April-2018

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

5. Manuscript Title
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