ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Daniel
2. Surname (Last Name) Buchan
3. Date 26-April-2018
4. Are you the corresponding author? Yes ☒ No
5. Manuscript Title Isolated Treatment of a Comminuted Capitate Fracture
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 ☒

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

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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Dr. Buchan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Logan
2. Surname (Last Name)     Bernhardt
3. Date                    26-April-2018
4. Are you the corresponding author? [ ] Yes  [✓] No
   Corresponding Author’s Name
   David Johnson

5. Manuscript Title
   Isolated Treatment of a Comminuted Capitate Fracture

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Bernhardt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Timothy
2. Surname (Last Name)  Iorio
3. Date  26-April-2018
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  David Johnson
5. Manuscript Title  Isolated Treatment of a Comminuted Capitate Fracture
6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)
   David

2. Surname (Last Name)
   Johnson

3. Date
   26-April-2018

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  
   Jacob

2. Surname (Last Name)  
   Triplet

3. Date  
   26-April-2018

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

   Corresponding Author’s Name  
   David Johnson

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