

## 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)

Daniel

2. Surname (Last Name)

Buchan

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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Dr. Buchan 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) Logan	2. Surname (Last Name) Bernhardt	3. Date 26-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Mr. Bernhardt has nothing to disclose.

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1. Given Name (First Name) Timothy	2. Surname (Last Name) lorio	3. Date 26-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Johnson
5. Manuscript Title Isolated Treatment of a Comminuted Capitate Fracture		
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Dr. Iorio has nothing to disclose.

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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  
Isolated Treatment of a Comminuted Capitate Fracture

6. Manuscript Identifying Number (if you know it)

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