ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Chebib</td>
</tr>
<tr>
<td>3. Date</td>
<td>02-July-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
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</table>

**Corresponding Author’s Name**
Jonathan Lans

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<tr>
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Dr. Chebib has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Lans

3. Date  
   07-April-2018

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

5. Manuscript Title  
   Proximal Radius Reconstruction After Desmoplastic Fibroma Resection

6. Manuscript Identifying Number (if you know it)

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

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Dr. Lans has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Neal
2. Surname (Last Name)  Chen
3. Date  07-April-2018
4. Are you the corresponding author?  ☑ Yes  ☐ No
Corresponding Author’s Name  Jonathan Lans

5. Manuscript Title
Proximal Radius Reconstruction After Desmoplastic Fibroma Resection

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If yes, please fill out the appropriate information below.

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Dr. Chen reports personal fees from Flexion Medical, personal fees from Miami Device Solutions, personal fees from DePuy Synthes, outside the submitted work.

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1. Given Name (First Name)  
   Rene

2. Surname (Last Name)  
   Castelein

3. Date  
   07-April-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Jonathan Lans

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Dr. Castelein has nothing to disclose.

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1. Given Name (First Name)
   Santiago

2. Surname (Last Name)
   Lozano-Calderon

3. Date
   07-April-2018

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   ☑ Yes   ☐ No

   Corresponding Author’s Name
   Jonathan Lans

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