

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)
Carlos

2. Surname (Last Name)
Barrera

3. Date
24-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Lumbrical Injury in Major League Baseball Player throwing 4-seam fastballs

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Barrera has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Dhanur	2. Surname (Last Name) Damodar	3. Date 24-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carlos Barrera
5. Manuscript Title Lumbrical Injury in Major League Baseball Player throwing 4-seam fastballs		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Dr. Damodar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Fajin	2. Surname (Last Name) Dong	3. Date 23-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carlos Barrera
5. Manuscript Title Lumbrical Injury in Major League Baseball Player throwing 4-seam fastballs		
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1. Given Name (First Name) Jean	2. Surname (Last Name) Jose	3. Date 23-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carlos Barrera
5. Manuscript Title Lumbrical Injury in Major League Baseball Player throwing 4-seam fastballs		
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