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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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Are there any relevant conflicts of interest?  Yes  No

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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?  
☐ Yes  ☑ No  

Corresponding Author’s Name  
Carlos Barrera

5. Manuscript Title  
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Dr. Damodar has nothing to disclose.

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Dong
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<td>Fajin</td>
<td>Dong</td>
<td>23-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - 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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Dr. Dong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Jean
2. Surname (Last Name)  Jose
3. Date  23-May-2018

4. Are you the corresponding author?  Yes  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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Dr. Jose has nothing to disclose.

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1. Given Name (First Name)  Stephen
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3. Date  23-May-2018
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   Corresponding Author’s Name  Carlos Barrera
5. Manuscript Title  Lumbrical Injury in Major League Baseball Player throwing 4-seam fastballs
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Dr. Henry has nothing to disclose.

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