ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   Emily

2. **Surname (Last Name)**
   Berthiaume

3. **Date**
   08-October-2018

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

   **Corresponding Author’s Name**
   David Kulber, MD

5. **Manuscript Title**
   Surgical Repair of an Avulsed Distal Flexor Carpi Radialis Tendon in a Boxer: A Case Report

6. **Manuscript Identifying Number (if you know it)**
   CC-D-17-00211R1

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Are there any relevant conflicts of interest?

- [ ] Yes
- [x] No

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- [ ] Yes
- [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- [ ] Yes
- [x] No
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Ms. Berthiaume has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Myles
2. Surname (Last Name)  Cohen
3. Date  08-October-2018
4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name
David Kulber, MD

5. Manuscript Title
Surgical Repair of an Avulsed Distal Flexor Carpi Radialis Tendon in a Boxer: A Case Report

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Section 6. Disclosure Statement

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Dr. Cohen has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Hagopian

3. Date  
   08-October-2018

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

   Corresponding Author’s Name  
   David Kulber, MD

5. Manuscript Title  
   Surgical Repair of an Avulsed Distal Flexor Carpi Radialis Tendon in a Boxer: A Case Report

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   ✔ No

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   - Yes  
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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Kulber

3. Date  
   08-October-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Surgical Repair of an Avulsed Distal Flexor Carpi Radialis Tendon in a Boxer: A Case Report

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Dr. Kulber has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Eric
2. Surname (Last Name) Millstein
3. Date 08-October-2018
4. Are you the corresponding author? ☑ No

Corresponding Author's Name David Kulber, MD

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