ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Rami</td>
<td>El Abiad</td>
<td>08-February-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Lunate excision with partial bi-columnar wrist fusion: A new alternative for isolated radio-lunate arthritis?

6. Manuscript Identifying Number (if you know it)  
   CC-D-18-00465

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Dr. El Abiad has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Johnny

2. Surname (Last Name)  
El Rayes

3. Date  
08-February-2019

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

   Corresponding Author’s Name  
   Maroun Rizkallah

5. Manuscript Title  
Lunate excision with partial bi-columnar wrist fusion: A new alternative for isolated radio-lunate arthritis?

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Dr. El Rayes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Fouad

2. Surname (Last Name)  
   Issa el Khoury

3. Date  
   08-February-2019

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Maroun Rizkallah

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Dr. Issa el Khoury has nothing to disclose.

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1. **Given Name (First Name)**
   - Peter

2. **Surname (Last Name)**
   - Maalouf

3. **Date**
   - 08-February-2019

4. Are you the corresponding author?  
   - Yes ☐  
   - No ✓

   **Corresponding Author’s Name**  
   Maroun Rizkallah

5. **Manuscript Title**
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Section 1. Identifying Information

1. Given Name (First Name)  
Maroun

2. Surname (Last Name)  
Rizkallah

3. Date  
08-February-2019

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✔ Yes  
No

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