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.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jae Kwang</td>
<td>Kim</td>
<td>13-October-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Surgical techniques of antegrade intramedullary pinning and percutaneous retrograde intramedullary pinning in displaced fifth metacarpal neck fracture

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   - Yes  
   - No  ✔

## Section 3. Relevant financial activities outside the submitted work.

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   - Yes  
   - No  ✔

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  ✔
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kim has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)  Ju Won
2. Surname (Last Name)  Yi
3. Date  13-October-2015

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Surgical techniques of antegrade intramedullary pinning and percutaneous retrograde intramedullary pinning in displaced fifth metacarpal neck fracture

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Section 1. Identifying Information

1. Given Name (First Name)
Sung Lim

2. Surname (Last Name)
Yoo

3. Date
05-April-2016

4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name
Jae Kwang Kim

5. Manuscript Title
Intramedullary Pinning for Displaced Fifth Metacarpal Neck Fractures: Closed Reduction and Fixation Using Either an Open Antegrade or Percutaneous Retrograde Technique

6. Manuscript Identifying Number (if you know it)
ST-D-16-00006

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