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.

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5. Relationships not covered above.

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## 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>Brandon</td>
<td>Brown</td>
<td>08-December-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Christopher Schmidt

5. Manuscript Title  
The Distal Biceps Deficient Arm, “The Short Arc Syndrome”

6. Manuscript Identifying Number (if you know it)

## 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

## Relevant financial activities outside the submitted work.

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- Yes  
- No

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- 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.

Mr. Brown has nothing to disclose.

Evaluation and Feedback

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Lin
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Edward  
2. Surname (Last Name)  
   Lin  
3. Date  
   24-March-2017  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Christopher C. Schmidt  
5. Manuscript Title  
   Distal Biceps Tendon Anatomic Repair  
6. Manuscript Identifying Number (if you know it)  
   St-D-16-000557R2

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ No

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Are there any relevant conflicts of interest?  
   ✔ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ No
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Dr. Lin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Schmidt

3. Date  
   15-September-2016

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

5. Manuscript Title  
   Factors that Determine Supination Strength Following Distal Biceps Repair

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthrex Inc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Consultant 1/15/15</td>
</tr>
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Dr. Schmidt reports other from Arthrex Inc., outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  Joseph
2. Surname (Last Name)  Styron
3. Date  23-March-2017
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Distal Biceps Tendon Anatomic Repair
6. Manuscript Identifying Number (if you know it)  ST-D-16-00057R2

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Dr. Styron has nothing to disclose.

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