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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3. Relevant financial activities outside the submitted work.

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

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michelle

2. Surname (Last Name)  
James

3. Date  
06-December-2019

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

5. Manuscript Title  
Posterior Elbow Capsulotomy and Triceps Lengthening for Elbow Extension Contracture in Children with Arthrogryposis Multiplex Congenita

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes ☑ No
Section 5. Relationships not covered above

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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. James reports other from Shriners Hospitals for Children, other from Journal of Bone and Joint Surgery, outside the submitted work.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Mary Claire

2. Surname (Last Name)
   Manske

3. Date
   09-December-2019

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

   Corresponding Author’s Name
   Michelle James

5. Manuscript Title
   Posterior Elbow Capsulotomy and Triceps Lengthening for Elbow Extension Contracture in Children with Arthrogryposis Multiplex Congenita

6. Manuscript Identifying Number (if you know it)
   00030-R1

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Dr. Manske has nothing to disclose.

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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
</tr>
<tr>
<td>Ann</td>
<td>Van Heest</td>
<td>09-December-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  ✔  No

5. Manuscript Title
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Dr. Van Heest has nothing to disclose.

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1. Given Name (First Name)  
   Kelsey

2. Surname (Last Name)  
   Millar

3. Date  
   15-December-2019

4. Are you the corresponding author?  
   Yes  ✔  No
   Corresponding Author’s Name  
   Michelle A. James, MD

5. Manuscript Title  
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