ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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.**
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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Brad
2. Surname (Last Name)  Salzmann
3. Date  01-November-2017
4. Are you the corresponding author?  ☑ Yes  ☐ No

Corresponding Author’s Name  Dagan Cloutier

5. Manuscript Title  General Orthopedic Roundtable: Management of Olecranon Bursitis
6. Manuscript Identifying Number (if you know it)

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Mr. Salzmann has nothing to disclose.

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<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Dagan</td>
<td>Cloutier</td>
<td>12-October-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   General Orthopedic Roundtable: Management of Olecranon Bursitis

6. Manuscript Identifying Number (if you know it)

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Mr. Cloutier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Cody

2. Surname (Last Name)  
   Sasek

3. Date  
   14-February-2018

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

   Corresponding Author’s Name  
   Dagan Cloutier

5. Manuscript Title  
   “General Orthopedic Roundtable: Management of Olecranon Bursitis”

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Sasek has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Frost

3. Date  
   01-November-2017

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

Corresponding Author’s Name  
Dagan Cloutier

5. Manuscript Title  
General Orthopedic Roundtable: Management of Olecranon Bursitis

6. Manuscript Identifying Number (if you know it)

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Dr. Frost has nothing to disclose.

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1. Given Name (First Name)
   Jill

2. Surname (Last Name)
   Tricia Eggers-Knight

3. Date
   01-November-2017

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Corresponding Author's Name
   Dagan Cloutier

5. Manuscript Title
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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

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<th>1. Given Name (First Name)</th>
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<tr>
<td>Vasco</td>
<td>Deon Kidd</td>
<td>01-November-2017</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name

Dagan Cloutier

5. Manuscript Title

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Dr. Deon Kidd has nothing to disclose.

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