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

1. Given Name (First Name)  Robyn
2. Surname (Last Name)  Chalupa
3. Date  16-December-2017

4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
   Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

6. Manuscript Identifying Number (if you know it)

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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?  ✔ No

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Are there any relevant conflicts of interest?  ✔ No

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Dr. Chalupa 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)  
   Chad
2. Surname (Last Name)  
   Cole
3. Date  
   07-March-2018
4. Are you the corresponding author?  
   Yes  ![Yes]  No  ![No]
   Corresponding Author’s Name  
   Robyn L Chalupa
5. Manuscript Title  
   Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom
6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
   Yes  ![Yes]  No  ![No]

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   Yes  ![Yes]  No  ![No]

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

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   Yes  ![Yes]  No  ![No]
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Dr. Cole has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Dowd

3. Date  
   13-February-2018

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

   Corresponding Author’s Name  
   Robyn L Chalupa

5. Manuscript Title  
   Post-traumatic elbow stiffness treatment and outcomes in patients wounded during Operations Enduring Freedom and Iraqi Freedom

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes [ ] No [✔]

Section 4. Intellectual Property -- Patents & Copyrights

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   Yes [ ] No [✔]
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Dr. Dowd has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Travis

2. Surname (Last Name)  
   Burns

3. Date  
   14-February-2018

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

   Corresponding Author’s Name  
   Robyn L Chalupa

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Burns has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel</td>
<td>Stinner</td>
<td>06-March-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Robyn L Chalupa

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Dr. Stinner has nothing to disclose.

Evaluation and Feedback

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