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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nathan
2. Surname (Last Name) Morrell
3. Date 24-June-2015

4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Arnold-Peter C. Weiss

5. Manuscript Title
Tenosynovitis of the Hand and Wrist: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Arnold-Peter

2. Surname (Last Name)  
Weiss

3. Date  
24-June-2015

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

5. Manuscript Title  
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   Travis

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   Blood

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