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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)  Jerry
2. Surname (Last Name)  Huang
3. Date  17-November-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Assessment and Treatment of Extensor Carpi Ulnaris Pathology: Evidence-based Guidelines

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?  Yes  No

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If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Arthrex</td>
<td></td>
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<td></td>
<td></td>
<td>Consultant for education and product development</td>
</tr>
<tr>
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<td></td>
<td></td>
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<td>AO North America Faculty and Speaker at Courses</td>
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<tr>
<td>Auxilium</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Payment for development of educational materials</td>
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<tr>
<td>Arthrex, Auxilium</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td>Expenses covered for speaking engagements</td>
</tr>
</tbody>
</table>

Huang
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Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ 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.

Dr. Huang reports personal fees from Arthrex, grants from Arthrex, personal fees from AO North America, personal fees from Auxilium, non-financial support from Arthrex, Auxilium, outside the submitted work; .

Evaluation and Feedback
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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Iorio

3. Date  
   17-November-2014

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Jerry I. Huang

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Dr. Iorio has nothing to disclose.

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1. Given Name (First Name)  
   Kathleen

2. Surname (Last Name)  
   Kollitz

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   Yes ☐  No ☑

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