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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Tyler

2. Surname (Last Name)  
Pidgeon

3. Date  
21-April-2014

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

Corresponding Author's Name  
Manuel DaSilva

5. Manuscript Title  
Triangular Fibrocartilage Complex: An Anatomic Review

6. Manuscript Identifying Number (if you know it)

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Dr. Pidgeon 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)  Gregory
2. Surname (Last Name)  Waryasz
3. Date  21-April-2014
4. Are you the corresponding author?  Yes ☐  No ☑

5. Manuscript Title
   Triangular Fibrocartilage Complex: An Anatomic Review

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.)?

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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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1. Given Name (First Name)  Manuel
2. Surname (Last Name)  DaSilva
3. Date  21-April-2014
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
  Triangular Fibrocartilage Complex: An Anatomic Review.

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Carnevale

3. Date  
   21-April-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Manuel DaSilva

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