

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jennifer

2. Surname (Last Name)  
Elsinger

3. Date  
16-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Repair and Rehabilitation of Flexor Tendon Lacerations: A Team Approach

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.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Elsinger 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)  
Anne
2. Surname (Last Name)  
Hulvey
3. Date  
14-March-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  
Repair and Rehabilitation of Flexor Tendon Laceration
6. Manuscript Identifying Number (if you know it)

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

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Anne Hulvey ,OTL/CHT 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) Nathan	2. Surname (Last Name) Morrell	3. Date 18-March-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Repair and Rehabilitation of Flexor Tendon Lacerations: A Team Approach		
6. Manuscript Identifying Number (if you know it) _____		

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

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Dr. Morrell 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)  
Adam

2. Surname (Last Name)  
Shafritz

3. Date  
14-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Repair and Rehabilitation of Flexor Tendon Laceration

6. Manuscript Identifying Number (if you know it)

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Dr. Shafritz has nothing to disclose.

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### Section 1. Identifying Information

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George

2. Surname (Last Name)  
Zhang

3. Date  
14-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Repair and Rehabilitation of Flexor Tendon Laceration

6. Manuscript Identifying Number (if you know it)

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