ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   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)

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Are there any relevant conflicts of interest?  
   No

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Dr. Elsinger has nothing to disclose.

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<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne</td>
<td>Hulvey</td>
<td>14-March-2016</td>
</tr>
</tbody>
</table>

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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Anne Hulvey, OTL/CHT has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Nathan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Morrell</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-March-2016</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Repair and Rehabilitation of Flexor Tendon Lacerations: A Team Approach</td>
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Dr. Morrell has nothing to disclose.

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### 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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1. Given Name (First Name)  
   George

2. Surname (Last Name)  
   Zhang

3. Date  
   14-March-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

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