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)  
   Jeremy

2. Surname (Last Name)  
   Raducha

3. Date  
   04-April-2017

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

5. Manuscript Title  
   Ulnar Collateral Ligament Injuries of the Elbow in the Throwing Athlete

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 [✓]

## Section 3. Relevant financial activities outside the submitted work.

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   - Yes [ ]
   - No [✓]

## 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 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):
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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. Raducha has nothing to disclose.

**Evaluation and Feedback**

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<tr>
<td>Andrew</td>
<td>Harris</td>
<td>04-April-2017</td>
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</table>

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

Corresponding Author’s Name
Jeremy E. Raducha, MD

5. Manuscript Title
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<tr>
<td>Brett Owens</td>
<td></td>
<td>04-April-2017</td>
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<th>4. Are you the corresponding author?</th>
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Joseph

2. Surname (Last Name)  
Gil

3. Date  
04-April-2017

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

Corresponding Author’s Name  
Jeremy E. Raducha, MD

5. Manuscript Title  
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