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

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Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Allison

2. Surname (Last Name)  
   Boden

3. Date  
   14-November-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Michael B Gottschalk

5. Manuscript Title  
   Treatment of Basilar Thumb Arthritis: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-17-00156

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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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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. Boden has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Gottschalk
3. Date  13-November-2017
4. Are you the corresponding author?  Yes ✔ No

5. Manuscript Title  Treatment of Basilar Thumb Arthritis: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)  REVIEWS-D-17-00156

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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Are there any relevant conflicts of interest?  Yes ✔ No
If yes, please fill out the appropriate information below.

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<thead>
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<th>Name of Entity</th>
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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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Dr. Gottschalk reports grants from Acumed LLC, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Sanjeev

2. Surname (Last Name)  
Kakar

3. Date  
20-November-2017

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

Corresponding Author’s Name  
Michael B Gottschalk

5. Manuscript Title  
Treatment of Basilar Thumb Arthritis: A Critical Analysis Review

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Dr. Kakar reports personal fees from Arthrex, other from JBJS, other from BJJ, outside the submitted work.

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Nick</td>
<td>Patel</td>
<td>13-November-2017</td>
</tr>
</tbody>
</table>

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

3rd party

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