

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maureen	2. Surname (Last Name) O'Shaughnessy	3. Date 06-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Rizzo, MD
5. Manuscript Title		
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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Are there any relevant conflicts of interest?  Yes  No

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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. O'Shaughnessy 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)  
Marco

2. Surname (Last Name)  
Rizzo

3. Date  
04-February-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Team approach role of medical and surgical management in rheumatoid arthritis of the hand and wrist

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-18-00196

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

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Dr. Rizzo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Floranne	2. Surname (Last Name) Ernste	3. Date 04-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Rizzo, MD
5. Manuscript Title Team approach: Role of medical and surgical management in rheumatoid arthritis of hte hand and wrist.		
6. Manuscript Identifying Number (if you know it) D-18-00196		

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Member, Medical Advisory oard for the Myositis Association

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Dr. Ernste reports and Member, Medical Advisory oard for the Myositis Association.

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1. Given Name (First Name) Stephanie	2. Surname (Last Name) Kannas	3. Date 04-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marco Rizzo, MD
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Dr. Kannas has nothing to disclose.

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