ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kayva</td>
<td>Crawford</td>
<td>06-August-2015</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Scapholunate Ligament Reconstruction: A Comparison of Techniques and Outcomes

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?  
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- [X] No

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- [X] 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. Crawford 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)  Matthew
2. Surname (Last Name)  Iorio
3. Date  06-August-2015
4. Are you the corresponding author?  ✔ Yes  □ No

5. Manuscript Title
Scapholunate Ligament Reconstruction: A Comparison of Techniques and Outcomes

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Owusu-Sarpong
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nana
2. Surname (Last Name) Owusu-Sarpong
3. Date 06-August-2015
4. Are you the corresponding author? ☑ No
5. Manuscript Title Scapholunate Ligament Reconstruction: A Comparison of Techniques and Outcomes
6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Day

3. Date  
   16-June-2015

4. Are you the corresponding author?  
   Yes ✔

   Corresponding Author’s Name  
   Matthew Iorio

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>☐</td>
<td>☐</td>
<td>✔</td>
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Dr. Day reports consultant fees from Cartiva Inc. and Integra Lifesciences, and research support from Boston Brace, outside the submitted work.

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