

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Glenn

2. Surname (Last Name)
Buterbaugh

3. Date
07-February-2015

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Dr. Kanu Goyal

5. Manuscript Title

How safe is outpatient hand and upper extremity surgery? A review of 28,737 cases at a free-standing ambulatory surgery center.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Buterbaugh has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Joseph

2. Surname (Last Name)

Imbriglia

3. Date

07-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Kanu Goyal

5. Manuscript Title

How safe is outpatient hand and upper extremity surgery? A review of 28,737 cases at a free-standing ambulatory surgery center.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Imbriglia has nothing to disclose.

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1. Given Name (First Name)

Sameer

2. Surname (Last Name)

Jain

3. Date

07-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr. Kanu Goyal

5. Manuscript Title

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1. Given Name (First Name)

Kanu

2. Surname (Last Name)

Goyal

3. Date

07-February-2015

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☒ Yes ☐ No

5. Manuscript Title

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