

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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) Andrew	2. Surname (Last Name) Pic	3. Date 06-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher Schmidt
5. Manuscript Title The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair		
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. Pic has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brandon

2. Surname (Last Name)
Brown

3. Date
06-February-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christopher Schmidt

5. Manuscript Title
The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair

6. Manuscript Identifying Number (if you know it)

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Dr. Brown has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Williams

3. Date
06-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher Schmidt

5. Manuscript Title

The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Schmidt	3. Date 06-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher Schmidt
5. Manuscript Title The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair		
6. Manuscript Identifying Number (if you know it) 		

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Michael

2. Surname (Last Name)

Nakashian

3. Date

06-February-2015

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☐ Yes ☒ No

Corresponding Author's Name

Christopher Schmidt

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Mark	2. Surname (Last Name) Miller	3. Date 06-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher Schmidt
5. Manuscript Title The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair		
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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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Schimoler	3. Date 06-February-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christopher Schmidt
5. Manuscript Title The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
James

2. Surname (Last Name)
Rubright

3. Date
06-February-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Christopher Schmidt

5. Manuscript Title
The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Schmidt

3. Date
06-February-2015

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

5. Manuscript Title
The Importance of Preserving the Radial Tuberosity during Distal Biceps Repair

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant 1/15/15

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