

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.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Philip

2. Surname (Last Name)
Blazar

3. Date
02-March-2015

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

5. Manuscript Title
Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome

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

Section 3. Relevant financial activities outside the submitted work.

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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
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auxilium Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthrex Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant towards study entitled "Functional Outcomes of Adductor Pollicus Longus Suspension Arthroplasty"
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI of a single site in a multi-site study

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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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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. Blazar reports personal fees from Smith & Nephew, personal fees from Auxilium Pharmaceuticals, grants from Arthrex Inc., grants from NIH, outside the submitted work; .

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) Brandon	2. Surname (Last Name) Earp	3. Date 02-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip E. Blazar
5. Manuscript Title Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome		
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

Section 3. Relevant financial activities outside the submitted work.

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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
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Johnson and Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock owned
Arthrex Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant towards study entitled "Functional Outcomes of Adductor Pollicus Longus Suspension Arthroplasty"
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Dr. Earp reports personal fees from Biomet, other from Johnson and Johnson, grants from Arthrex Inc., grants from NIH, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Emerson

2. Surname (Last Name)
Floyd

3. Date
02-March-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Philip E. Blazar

5. Manuscript Title
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Mr. Floyd 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) Carin	2. Surname (Last Name) Han	3. Date 02-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip E. Blazar
5. Manuscript Title Prognostic Indicators for Recurrent Symptoms after a Single Corticosteroid Injection for Carpal Tunnel Syndrome		
6. Manuscript Identifying Number (if you know it) 		

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Ms. Han has nothing to disclose.

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Tamara

2. Surname (Last Name)

Rozental

3. Date

02-March-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Philip E. Blazar

5. Manuscript Title

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Dr. Rozental has nothing to disclose.

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