ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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.

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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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Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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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): Alison
2. Surname (Last Name): Antes
3. Date: 24-May-2017

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

Corresponding Author's Name: Dy, CJ

5. Manuscript Title: The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

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

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Dr. Antes 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): Christopher
2. Surname (Last Name): Dy
3. Date: 26-May-2017

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

5. Manuscript Title
The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	☑	☐	☐	☐	Washington University Institute of Clinical and Translational Sciences grant UL1 TR000448, Sub award KL2 TR000450 (CJD and DAO) from the NIH-National Center for Advancing Translational Sciences (NCATS), components of the National Institutes of Health (NIH), and NIH Roadmap for Medical Research.

Section 3. Relevant financial activities outside the submitted work.

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Dr. Dy reports grants from NIH, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): James
2. Surname (Last Name): DuBois
3. Date: 16-October-2018

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

Corresponding Author's Name: Christopher Dy

5. Manuscript Title: The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

6. Manuscript Identifying Number (if you know it):

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Center for Clinical and Translational Research (Part of NIH/National Institutes of Health)	☑	☐	☐	☐	UL1 TR000448; funds were used to pay for J.M.D salary.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centene Corp	☐	☑	☐	☐	DuBois is a paid ethics consultant for Centene Corporation

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Charles
2. Surname (Last Name): Goldfarb
3. Date: 26-May-2017

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

Corresponding Author's Name: Christopher Dy, MD

5. Manuscript Title: The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Arthrex	☐	☐	☐	☑	Consultant
Various Legal Firms	☐	☑	☐	☐	Expert reviews/depositions

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Dr. Goldfarb reports other from Arthrex, personal fees from Various Legal Firms, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Daniel
2. Surname (Last Name): Osei
3. Date: 24-May-2017

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

Corresponding Author's Name: Christopher J. Dy, MD PhD

5. Manuscript Title: The Critical Portions of Carpal Tunnel Release, Ulnar Nerve Transposition, and Open Reduction and Internal Fixation of the Distal Part of the Radius

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Department of Defense	☑	☐	☐	☐	
NIH	☑	☐	☐	☐	

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Dr. Osei reports grants from Department of Defense, grants from NIH, outside the submitted work.

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