

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.

Identifying information.

2. The work under consideration for publication.

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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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Bartis 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Bartis	3. Date 17-Janua	ary-2017
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Dean C. Taylor	
5. Manuscript Title Ulnar Nerve Transection in an Orthopaedic Surgeon Sustained During Surgery: Case Report and Commentary 6. Manuscript Identifying Number (if you know it)				
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, a monitoring board, study design, manu	
	l			
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyric	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes	✓ No

Bartis 2



Section 5. Polationships not sovered above
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Ms. Bartis has nothing to disclose.

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Gibson 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Scott	rst Name)	2. Surname (Last Name) Gibson	3. Date 17-January-2017	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dean C. Taylor	
Case Report and	nsection in an Orthopa	edic Surgeon Sustained Du	uring Surgery:	
o. Manuscript lue	narying Namber (ii you ki	IOW IC)	-	
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any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Do you have any			oadly relevant to the work? ☐ Yes ✓ No	

Gibson 2



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Relationship	s not covered above
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Glover 1



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Sandra	2. Surname (Last Name) Glover	3. Date 17-January-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dean C. Taylor
5. Manuscript Title Ulnar Nerve Transection in an Orth Case Report and Commentary		uring Surgery:
6. Manuscript Identifying Number (if y	ou know it)	_
Section 2. The Work Und	er Consideration for Public	
Did you or your institution at any time	receive payment or services from uding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant finan	cial activities outside the s	ubmitted work.
of compensation) with entities as d	escribed in the instructions. Us d report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4. Intellectual Pro	operty Patents & Copyrig	ulata
intellectual Pro	operty Patents & Copyrig	ints ————————————————————————————————————
Do you have any patents, whether	planned, pending or issued, br	oadly relevant to the work? Yes V No

Glover 2



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Matson 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Andrew	2. Surname (Last Name) Matson	3. Date 17-January-2017				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dean C. Taylor				
5. Manuscript Title Ulnar Nerve Transection in an Orthopa Case Report and Commentary	edic Surgeon Sustained Du	uring Surgery:				
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Matson 2



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patent

Richardson 1



Section 1. Ider	ntifying Informati	ion				
1. Given Name (First Nam William		. Surname (Last Name) tichardson			Date 7-January-2017	
4. Are you the correspon	ding author?	Yes ✓ No	Correspond Dean C. Ta	ing Author's Name ylor		
 Manuscript Title Ulnar Nerve Transection Case Report and Comm 6. Manuscript Identifying 	mentary		During Surgery	r:		
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any aspect of the submitt statistical analysis, etc.)? Are there any relevant	ted work (including bu	it not limited to grants,	data monitoring		nercial, private foundation, et n, manuscript preparation,	c.) for
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Name of Entity	G	Fees?	on-Financial Support?	Other? Comm	ents	
DePuy Synthes				consultar	nt	
BrainLab		✓				
Pfizer						
Bioventus						
Cardan Robotics						

Richardson 2



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Dr. Richardson reports personal fees from DePuy Synthes, BrainLab, Pfizer, Bioventus, Cardan Robotics and grants from BrainLab, all outside the submitted work.				

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Ruch 1



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1. Given Name (First Name) David	2. Surname (Last Name) Ruch		3. Date 13-February-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Dean C. Taylor	ame
5. Manuscript Title Ulnar Nerve Transection in an Orthopa Case Report and Commentary6. Manuscript Identifying Number (if you kr	, and the second	uring Surgery:	
Section 2. The Work Under C	onsideration for Public		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services from but not limited to grants, da	a third party (government, co	
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describing the "Add +" box. You should repart there any relevant conflicts of interesting the "Add +" box. You should repart the same than the same th	ibed in the instructions. Us port relationships that wer est?	se one line for each entity;	add as many lines as you need by
If yes, please fill out the appropriate info			
Name of Entity	Grant? Personal Fees? S	n-Financial other? Co	mments
Acumed			
DePuy Synthes			
Section 4. Intellectual Proper	rty Patents & Copyrig	phts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work	? ☑ Yes 🗸 No

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Coation F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Ruch reports submitted work;	personal fees from Acumed, personal fees from DePuy Synthes, personal fees from Zimmer, outside the

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

Issued: The patent has been issued by the agency

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

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Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Informa	ation					
1. Given Name (First Name) Dean	2. Surname (Last Nar Taylor	ne)		3. Date 17-January-2017		
4. Are you the corresponding author?	✓ Yes No					
5. Manuscript Title Ulnar Nerve Transection in an Orthopae Case Report and Commentary6. Manuscript Identifying Number (if you known)	-	ed During Surger	y:			
Section 2. The Work Under Co	nsideration for P	ublication				
Did you or your institution at any time received any aspect of the submitted work (including lestatistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to gran				c.) for	
Section 3. Relevant financial a	ctivities outside	the submitted	work.			
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 If yes, please fill out the appropriate information below.						
Name of Entity	Grant? Personal	Non-Financial	Other?	Comments		
	Fees?	Support				
Arthrex				lowship support]	
DJO				lowship support]	
Smith and Nephew				lowship support]	
Breg				lowship support]	
DePuy/Mitek				lowship support]	
AOA-OmeaA				lowship support]	
OREF				lowship support]	
ArthroCare	\checkmark		fel	lowship support		

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Name of Entity	Grant? Personal Fees?	Non-Financial Ot	ther? Comments				
Histogenics	✓		research grant				
Section 4. Intellectual Brancut							
Intellectual Propert	y Patents & Copy	yrights					
Do you have any patents, whether plann	ed, pending or issued	, broadly relevant t	to the work? Yes 🗸 No				
Section 5. Relationships not c	overed above						
Are there other relationships or activities potentially influencing, what you wrote i	-		uenced, or that give the appearance of				
Yes, the following relationships/conditions/circumstances are present (explain below):							
✓ No other relationships/conditions/circumstances that present a potential conflict of interest							
At the time of manuscript acceptance, jo On occasion, journals may ask authors to			necessary, update their disclosure statemen orted relationships.	its.			
Section 6. Disclosure Statemen	nt						
		enerate a disclosure	e statement, which will appear in the box				
Dr. Taylor reports grants from Arthrex, D. Histogenics, all outside the submitted w		w, Breg, DePuy/M	litek, AOA-OmeaA, OREF, ArthroCare, and				

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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