

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Allen

2. Surname (Last Name)  
Bishop

3. Date  
27-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Alexander Shin, MD

5. Manuscript Title  
Medial Femoral Condyle Free Vascularized Bone Graft for the Treatment of Failed Prior Scaphoid Nonunion Surgery associated with Proximal Pole Avascular Necrosis

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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Bishop 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)  
Alexander

2. Surname (Last Name)  
Shin

3. Date  
27-July-2017

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

5. Manuscript Title  
Medial Femoral Condyle Free Vascularized Bone Graft for the Treatment of Failed Prior Scaphoid Nonunion Surgery associated with Proximal Pole Avascular Necrosis

6. Manuscript Identifying Number (if you know it)

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Dr. Shin 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)  
Kathleen

2. Surname (Last Name)  
Kollitz

3. Date  
27-July-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
A. Shin

5. Manuscript Title

Medial Femoral Condyle Free Vascularized Bone Graft for the Treatment of Failed Prior Scaphoid Nonunion Surgery Medial Femoral Condyle Free Vascularized Bone Graft for the Treatment of Failed Prior Scaphoid Nonunion Surgery associated with

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Pulos

3. Date  
27-July-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Alexander Y. Shin, MD

5. Manuscript Title  
Medial Femoral Condyle Free Vascularized Bone Graft for the Treatment of Failed  
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6. Manuscript Identifying Number (if you know it)

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