

## 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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#### 4. Intellectual Property.

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)  
Sameer

2. Surname (Last Name)  
Desale

3. Date  
16-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Tamara D. Rozental

5. Manuscript Title  
Adhering to Clinical Practice Guidelines for Distal Radius Fracture Management is Associated with Improved Outcomes and Lower Costs

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Crew

2. Surname (Last Name)  
Giberson-Chen

3. Date  
16-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Tamara D. Rozental

5. Manuscript Title  
Adhering to Clinical Practice Guidelines for Distal Radius Fracture Management is Associated with Improved Outcomes and Lower Costs

6. Manuscript Identifying Number (if you know it)

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Giberson-Chen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Aviram

2. Surname (Last Name)

Giladi

3. Date

16-October-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Tamara D. Rozental

5. Manuscript Title

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Dr. Giladi 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) Amber	2. Surname (Last Name) Parker	3. Date 16-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Tamara D. Rozental
5. Manuscript Title Adhering to Clinical Practice Guidelines for Distal Radius Fracture Management is Associated with Improved Outcomes and Lower Costs		
6. Manuscript Identifying Number (if you know it)  		

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Ms. Parker has nothing to disclose.

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1. Given Name (First Name)  
Tamara

2. Surname (Last Name)  
Rozental

3. Date  
16-October-2018

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