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.

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Section 1. Identifying Information

1. Given Name (First Name)
Yvonne

2. Surname (Last Name)
Versluijs

3. Date
19-April-2020

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

Corresponding Author's Name
David Ring

5. Manuscript Title
Misperception of Disease Onset in People with Gradual Onset Disease of the Upper Extremity

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00420

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Dr. Versluijs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Joost

2. Surname (Last Name)
Kortlever

3. Date
19-April-2020

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

Corresponding Author's Name
David Ring

5. Manuscript Title
Misperception of Disease Onset in People with Gradual Onset Disease of the Upper Extremity

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Dr. Kortlever has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Amanda

2. Surname (Last Name)
Gonzalez

3. Date
19-April-2020

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

Corresponding Author's Name
David Ring

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Ring
3. Date: 19-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No
5. Manuscript Title: Misperception of Disease Onset in People with Gradual Onset Disease of the Upper Extremity
6. Manuscript Identifying Number (if you know it): JBJS-D-20-00420

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Skeletal Dynamics	☐	☐	☐	☑	Royalties
Wright Medical	☐	☐	☐	☑	Royalties
Deputy Editor for Clinical Orthopaedics and Related Research	☐	☑	☐	☐	Stipend
Universities and Hospitals	☐	☑	☐	☐	Honoraria for talks
Lawyers	☐	☑	☐	☐	Payment for Expert Review
Health Services and Resource Administration and Department of Justice	☐	☑	☐	☐	Payment for expert review of claims to the Vaccine Injury Compensation Program

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Dr. Ring reports other from Skeletal Dynamics, other from Wright Medical, personal fees from Deputy Editor for Clinical Orthopaedics and Related Research, personal fees from Universities and Hospitals, personal fees from Lawyers, personal fees from Health Services and Resource Administration and Department of Justice, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Maartje

2. Surname (Last Name)
Lemmers

3. Date
19-April-2020

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

Corresponding Author's Name
David Ring

5. Manuscript Title
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