

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. 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.

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4. Intellectual Property.

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

5. 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.

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Other: Anything not covered under the previous three boxes

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Malka	2. Surname (Last Name) Forman	3. Date 27-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00281R1		

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

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
Tufts University School of Medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harold Williams Summer Research Fellowship

Section 3. Relevant financial activities outside the submitted work.

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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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Ms. Forman reports grants from Tufts University School of Medicine , 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) Donald	2. Surname (Last Name) Bae	3. Date 18-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
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Dr. Bae 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)
Andrea

2. Surname (Last Name)
Bauer

3. Date
15-April-2020

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

5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00281R1

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Springer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties

Section 4. Intellectual Property -- Patents & Copyrights

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Editorial Board member for Techniques in Hand and Upper Extremity Surgery, associate editor for Journal of Hand Surgery.

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Section 6.

Disclosure Statement

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Dr. Bauer reports other from Springer, outside the submitted work; and Editorial Board member for Techniques in Hand and Upper Extremity Surgery, associate editor for Journal of Hand Surgery..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Deborah	2. Surname (Last Name) Bohn	3. Date 16-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea S Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
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Dr. Bohn has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Maria Fernanda	2. Surname (Last Name) Canizares	3. Date 16-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. Andrea Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
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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) Charles	2. Surname (Last Name) Goldfarb	3. Date 17-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00281R1		

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Goldfarb 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) Michelle	2. Surname (Last Name) James	3. Date 15-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Andrea S. Bauer
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update...		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-0028R1		

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shriners Hospitals for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee
Journal of Bone and Joint Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Deputy Editor

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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Dr. James reports other from Shriners Hospitals for Children, other from Journal of Bone and Joint Surgery, 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)
Patricia E.

2. Surname (Last Name)
Miller

3. Date
18-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. Andrea Bauer

5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00281R1

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Miller 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)
Julie

2. Surname (Last Name)
Samora

3. Date
15-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Andrea S. Bauer

5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
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Dr. Samora 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)
Suzanne

2. Surname (Last Name)
Steinman

3. Date
16-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dr. Andrea S. Bauer

5. Manuscript Title
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Dr. Steinman has nothing to disclose.

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Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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1. Given Name (First Name)
Lindley

2. Surname (Last Name)
Wall

3. Date
17-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dr. Andrea Bauer

5. Manuscript Title
Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00281R1

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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.)?

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Dr. Wall has nothing to disclose.

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