

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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Forman 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Malka	rst Name)	2. Surname (Forman	Last Name)			3. Date 27-April-202	0	
4. Are you the cor			Correspond Bauer	Corresponding Author's Name Bauer				
5. Manuscript Title Association of Ra	e adial Longitudinal Defic	iency and Thu	umb Hypop	olasia: An Upd	late Using	g the CoULD Registr	у	
6. Manuscript Ider JBJS-D-20-00281	ntifying Number (if you kn R1	ow it)						
Section 2.	The Work Under Co	onsideration	n for Publ	ication				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited est? Yes ormation below	d to grants, o	data monitoring	board, st	udy design, manuscrip	ot preparation,	
Name of Institut	ion/Company	Grant	-	on-Financial Support	Other?	Comments		
Γufts University Scho	ol of Medicine	√				Harold Williams Sum Fellowship	mer Research	
Section 3.	Relevant financial	activities ou	ıtside the	submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes i i) with entities as descri I +" box. You should rep evant conflicts of intere	n the table to bed in the ins port relationsh	indicate w tructions. l	hether you ha Jse one line fo	ave financ or each ei	ntity; add as many li	nes as you nee	d by
Section 4.	Intellectual Proper	ty Patents	s & Copyr	ights				
Do you have any	patents, whether plan	ned, pending	or issued, k	oroadly releva	nt to the	work? Yes	√ No	

Forman 2



Section 5. Polationships not severed above
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Ms. Forman reports grants from Tufts University School of Medicine, during the conduct of the study.

Evaluation and Feedback

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Bae 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Donald	2. Surname (Last Name) Bae	3. Date 18-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Andrea Bauer
5. Manuscript Title Association of Radial Longitudinal Defic	ciency and Thumb Hypopl	asia: An Update Using the CoULD Registry
6. Manuscript Identifying Number (if you kn JBJS-D-20-00281R1	now it)	
Section 2. The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Polovent financial		and an extended
Place a check in the appropriate boxes i of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	submitted work. The sether you have financial relationships (regardless of amount see one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plans	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Bae 2



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Section 6.	Disclosure Statement				
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Dr. Bae has noth	ning to disclose.				

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Bauer 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi Andrea	rst Name)	2. Surname (Last Name) Bauer		3. Date 15-April-2020
4. Are you the cor	4. Are you the corresponding author? Yes			
5. Manuscript Title Association of Ra		ciency and Thumb Hypoplasia: Ar	Update Using the	CoULD Registry
6. Manuscript Idei JBJS-D-20-00281	ntifying Number (if you ki R1	now it)		
Section 2.				
Section 2.	The Work Under C	onsideration for Publication		
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, data moni		commercial, private foundation, etc.) for design, manuscript preparation,
Section 3.	Relevant financial	activities outside the submit	ted work.	
of compensation clicking the "Ado Are there any rel	n) with entities as descr	ibed in the instructions. Use one I port relationships that were prese est? Yes No	ne for each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Name of Entity		Grant? Personal Non-Finan Fees? Support	Other• Co	omments
Springer			Roya	alties
Section 4.	Intellectual Prope	rty Patents & Copyrights		
Do you have any	patents, whether plan	ned, pending or issued, broadly r	elevant to the work	k? ☐ Yes ✓ No

Bauer 2



Coation F				
Section 5.	Relationships not covered above			
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✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):			
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•	s other from Springer, outside the submitted work; and Editorial Board member for Techniques in Hand mity Surgery, associate editor for Journal of Hand Surgery			

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Bohn 1



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1. Given Name (Fi Deborah	rst Name)	2. Surname (Last Name) Bohn	3. Date 16-April-2020
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Andrea S Bauer
5. Manuscript Title Association of Ra		ciency and Thumb Hypopl	asia: An Update Using the CoULD Registry
6. Manuscript Ider JBJS-D-20-00281	ntifying Number (if you kr R1	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Bohn 2



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Dr. Bohn has nothing to disclose.

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Canizares 1



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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?	☐ Yes ✓ No	Corresponding Author's Name Dr. Andrea Bauer
5. Manuscript Title Association of Radial Longitudinal Defic	ciency and Thumb Hypopl	asia: An Update Using the CoULD Registry
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Do you have any patents, whether plan		

Canizares 2



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Royalties: Funds are coming in to you or your institution due to your patent

Goldfarb 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Charles	rst Name)	2. Surname (Last Name) Goldfarb	3. Date 17-April-2020
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Andrea Bauer
5. Manuscript Title Association of Ra		ciency and Thumb Hypopl	lasia: An Update Using the CoULD Registry
6. Manuscript Ider JBJS-D-20-00281	ntifying Number (if you kr R1	now it)	
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. Us port relationships that we	nether you have financial relationships (regardless of amount see one line for each entity; add as many lines as you need by the present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes No

Goldfarb 2



Section 5. Relationships not covered above
Are there 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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Dr. Goldfarb has nothing to disclose.

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Goldfarb 3



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Royalties: Funds are coming in to you or your institution due to your patent

James 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Michelle		2. Surname (Last Nar James	me) 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 Hypop			poplasia: An Update
6. Manuscript Identifying Number (if you know it) JBJS-D-20-0028R1			
Section 2.	The Work Under C	onsideration for P	ublication
any aspect of the s statistical analysis, Are there any relo	ubmitted work (including	g but not limited to grar	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation,
Section 3. Relevant financial activities outside the submitted work.			
of compensation clicking the "Add Are there any rele) with entities as descr	ibed in the instructio port relationships tha est?	the whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by set were present during the 36 months prior to publication . No
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments
Shriners Hospitals for	Children		✓ Employee
Journal of Bone and J	loint Surgery		✓ Deputy Editor
Section 4.	Intellectual Prope		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

James 2



Section 5. Relationships not severed above			
Relationships not covered above			
Are there 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?			
Yes, the following relationships/conditions/circumstances are present (explain below):			
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Section 6. Disclosure Statement			
Disclosure Statement			
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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; .			

Evaluation and Feedback

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James 3



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Royalties: Funds are coming in to you or your institution due to your patent

Miller 1



Section 1. Identifying Inform	mation		
1. Given Name (First Name) 2. Surname (Last Name) Patricia E. 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 l JBJS-D-20-00281R1	know it)		
Section 2. The Work Under 0	Consideration for Public	cation	
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 Vo			
Section 3. Relevant financial activities outside the submitted work.			
of compensation) with entities as desc	ribed in the instructions. Use eport 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 re present during the 36 months prior to publication .	
Section 4. Intellectual Prope	erty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Miller 2



Section 5. Relationships not covered above			
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Section 6. Disclosure Statement			
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Ms. Miller has nothing to disclose.			

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Royalties: Funds are coming in to you or your institution due to your patent

Samora 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Julie	2. Surname (Last Name) Samora	3. Date 15-April-2020	
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Andrea S. Bauer	
5. Manuscript Title Association of Radial Longitudinal Defic	5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update Using the CoULD Registry		
6. Manuscript Identifying Number (if you kr JBJS-D-20-00281R1	now it)		
Section 2. The Work Under Co	onsideration for Public	cation	
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 Vo			
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri	in the table to indicate wh ibed in the instructions. Us port 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 re present during the 36 months prior to publication.	
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts	
Do you have any patents, whether plan			

Samora 2



Section 5. Relationships not severed above
Relationships not covered above
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Royalties: Funds are coming in to you or your institution due to your patent

Steinman 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Surname (Last Name) Steinman		3. Date 16-April-2020	
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Dr. 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 kr JBJS-D-20-00281R1	6. Manuscript Identifying Number (if you know it) JBJS-D-20-00281R1		
Section 2. The Work Under Co	onsideration for Public	cation	
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Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri	in the table to indicate wh ibed in the instructions. Us port relationships that wei	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
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Do you have any patents, whether plan			

Steinman 2



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Relationships not covered above
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Dr. Steinman has nothing to disclose.

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Steinman 3



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Wall 1



Section 1. Ide	ntifying Information			
1. Given Name (First Name) 2. Surname (Last Name) Lindley Wall		3. Date 17-April-2020		
4. Are you the corresponding author?		∕es ✓ No	Corresponding Author's Name Dr. Andrea Bauer	
5. Manuscript Title Association of Radial Longitudinal Deficiency and Thumb Hypoplasia: An Update		plasia: An Update Using the Co	oULD Registry	
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Section 3. Rele	evant financial activi	ties outside the	submitted work.	
of compensation) with	n entities as described in ox. You should report re	the instructions. l		ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4. Into				
Inte	ellectual Property F	Patents & Copyr	ights	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Wall 2



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Relationships not covered above
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Wall 3