

## 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".

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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.

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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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**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)  
Ngoc Tram

2. Surname (Last Name)  
Nguyen

3. Date  
19-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Joaquin Sanchez-Sotelo, MD, PhD

5. Manuscript Title  
Revision Total Elbow Arthroplasty Using a Proximal Ulna Allograft With Allograft Triceps for Combined Catastrophic Ulnar Bone Deficiency and Triceps Insufficiency

6. Manuscript Identifying Number (if you know it)

### 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

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Nguyen 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) Shawn	2. Surname (Last Name) O'Driscoll	3. Date 18-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joaquin Sanchez-Sotelo
5. Manuscript Title Revision Total Elbow Arthroplasty Using a Proximal Ulna Allograft With Allograft Triceps for Combined Catastrophic Ulnar Bone Deficiency and Triceps Insufficiency		
6. Manuscript Identifying Number (if you know it)  		

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Group N.V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Acumed, LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Sign Fracture Care International	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaker fees

### 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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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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Ancillary tool for fitting a humeral component of an elbow prosthesis Patent number: 7942882	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wright Medical Group N.V.	Part of Latitude Total Elbow Arthroplasty Prosthesis System
Ancillary tool for fitting an ulnar component and/or a radial component of an elbow prosthesis Patent number: 7922728	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wright Medical Group N.V.	Part of Latitude Total Elbow Arthroplasty Prosthesis System
Elbow prosthesis Patent number: RE42805	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wright Medical Group N.V.	Latitude Total Elbow Arthroplasty Prosthesis System

### 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?

- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
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Royalties from Aircast, inc. for a dynamic elbow brace system. No royalties received in the last 3 years and not relevant to this publication.

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### Section 6.

#### Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. O'Driscoll reports other from Wright Medical Group N.V., other from Acumed, LLC, personal fees and other from Sign Fracture Care International, outside the submitted work; In addition, Dr. O'Driscoll has a patent Ancillary tool for fitting a humeral component of an elbow prosthesis  
Patent number: 7942882 with royalties paid to Wright Medical Group N.V., a patent Ancillary tool for fitting an ulnar component and/or a radial component of an elbow prosthesis  
Patent number: 7922728 with royalties paid to Wright Medical Group N.V., and a patent Elbow prosthesis  
Patent number: RE42805 with royalties paid to Wright Medical Group N.V. and Royalties from Aircast, inc. for a dynamic elbow brace system. No royalties received in the last 3 years and not relevant to this publication..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marion	2. Surname (Last Name) Burnier	3. Date 18-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joaquin Sanchez-Sotelo, MD
5. Manuscript Title Revision Total Elbow Arthroplasty Using a Proximal Ulna Allograft With Allograft Triceps for Combined Catastrophic Ulnar Bone Deficiency and Triceps Insufficiency		
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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Dr. Burnier 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) Mark	2. Surname (Last Name) Morrey	3. Date 17-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sanchez-Sotelo, Joaquin
5. Manuscript Title Revision Total Elbow Arthroplasty Using a Proximal Ulna Allograft With Allograft Triceps for Combined Catastrophic Ulnar Bone Deficiency and Triceps Insufficiency		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Morrey 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)

Joaquin

2. Surname (Last Name)

Sanchez-Sotelo

3. Date

18-March-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Revision Total Elbow Arthroplasty Using a Proximal Ulna Allograft With Allograft Triceps for Combined Catastrophic Ulnar Bone Deficiency and Triceps Insufficiency

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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
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Wright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees, speaking engagements
Exactech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees
Acumed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking engagements
JSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honoraria
Elsevier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

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

### 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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sanchez-Sotelo reports grants and other from Stryker, other from Wright, other from Exactech, other from Acumed, other from JSES, other from Elsevier, other from Oxford University Press, outside the submitted work; .

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