

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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4. Intellectual Property.

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

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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) Terry	2. Surname (Last Name) Axelrod	3. Date 22-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr. David Walmsley
5. Manuscript Title Combined volar hamate dislocation and scapholunate ligament rupture		
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
DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional Research Grant

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

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

Dr. Axelrod reports grants from DePuy Synthes , outside the submitted work; .

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)

Herman

2. Surname (Last Name)

Dhotar

3. Date

20-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

David Walmsley

5. Manuscript Title

Combined volar hamate dislocation and scapholunate ligament rupture

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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☒ No

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Dr. Dhotar has nothing to disclose.

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1. Given Name (First Name)
David

2. Surname (Last Name)
Walmsley

3. Date
20-July-2014

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

5. Manuscript Title
Combined volar hamate dislocation and scapholunate ligament rupture

6. Manuscript Identifying Number (if you know it)

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Dr. Walmsley has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Geddes	3. Date 04-July-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name David Walmsley
5. Manuscript Title Case Report - Hamate Dislocation with Scapholunate Ligament Rupture		
6. Manuscript Identifying Number (if you know it) 		

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